

1 Enrique Galvez
2 **Claimant/Appellant**
3 1181 Fulton Avenue
4 Sacramento, California 95425
5 (707) 304-2549

FILED

DEC 20 2023

U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

6 **In Pro Se**

7
8 **UNITED STATES BANKRUPTCY COURT**
9 **NORTHERN CALIFORNIA BANKRUPTCY COURT**
10

11 **ENRIQUE GALVEZ,**

CASE NO.: 19-30088 DM 11

12 Appellant,

**APPELLANT'S AMENDED APPENDIX OF
DESIGNATED RECORD ON APPEAL
FROM BANKRUPTCY COURT**

13 vs.

14 **PG&E CORPORATION,**

VOLUME I

15 Appellee(s).
16
17

18 **APPELLANT'S AMENDED DESIGNATION OF RECORD ON APPEAL**

	DATE:	PG&E I.D. #:	DOCUMENT DESCRIPTION:
A.	12/1/2017	160998	Sutter Medical Records
B.	12/1/2017	160999	Cigna Coverage Detail
C.	12/1/2017	161000	Treatment Summary
D.	2017	161001	Various Blue Cross Treatment Summary
E.	12/2017	161002	Injury Photos
F.	10/24/2018	161005	Insurance Loss Inventory
G.	10/29/2018	161003	Insurance Loss Inventory
H.	2017/2018	161006	Pay Stubs
I.	2017/2018	163459	Homeowners Insurance Policy
J.	10/16/2019	160993	Letter Re: Treating Physician
K.	8/6/2020	160995	Declaration of Sister Re: PTSD
L.	8/6/2020	160996	Declaration of JMM Re: PTSD
M.	8/6/2020	160997	Declaration of SAM Re: PTSD
N.	8/6/2020	163451	Declaration of Claimant Re: PTSD
O.	9/4/2020	161004	Insurance Loss Inventory
P.	9/23/2020	176332	Letter from Life Coach

	DATE:	PG&E I.D. #:	DOCUMENT DESCRIPTION:
1	Q. 9/30/2020	179481	Summary of Coaching Sessions
2	R. 10/6/2020	176335	Initial Claims Narrative
3	S. 4/21/2021	689844	Insurance File Review
4	T. 6/30/2021	848962	Letter from Psychiatrist Confirming Diagnosis
5	U. 8/5/2021	892091	Inquiry into Status of Case
6	V. 9/10/2021	949898	Deficiency Notice
7	W. 10/3/2021	999798	Deficiency Notice
8	X. 10/5/2021	1751067	Personal Property Eligibility Criteria
9	Y. 12/1/2021	1086947	Response to Deficiency Notices
10	Z. 2/10/2022	1181855	Supplemental Response 9/10/2021 Deficiency Notice
11	AA. 2/10/2022	1181842	Supplemental Response 10/3/2021 Deficiency Notice
12	BB. 2/21/2022	1202421	Amended Deficiency Notice
13	CC. 2/21/2022	1202978	Response to Amended Deficiency Notice
14	DD. 5/16/2022	1751068	Personal Property Eligibility Criteria
15	EE. 5/27/2022	1368961	Amended Deficiency Notice
16	FF. 6/16/2022	1395147	Response to Amended Deficiency Notice
17	GG. 7/8/2022	1417378	Determination Notice
18	HH. 09/2022	438131	Treatment Letter from Psychiatrist
19	II. 11/20/2022	1580779	Redetermination Narrative Claim #50006
20	JJ. 12/5/2022	1601783	Reconsideration Response Re: Claim #51475
21	KK. 12/5/2022	1653069	Reconsideration Narrative Claim #50009
22	LL. 3/2/2023	1728661	Reconsideration Determination Notice
23	MM. 5/20/2023	1753844	Appeal Narrative Re: Insurance Claim #50006
24	NN. 5/20/2023	1754515	Appeal Narrative Re: PTSD Claim #50010
25	OO. 5/20/2023	1754731	Appeal Narrative Re: Personal Injury Claim #50010
26	PP. 10/10/2023	1716187	Notice of Trustee Determination
27	QQ.	1594450	Letter from Psychiatrist Re: Further Diagnosis
28	RR. 2017/2018	1761269	Homeowners Insurance Declaration Page

December 15, 2023

I, Enrique Galvez, am the Claimant/Appellant in the above entitled-matter. I declare under perjury under the laws of the State of California that the Amended Appendix of Documents, as listed above, constitutes Appellants Amended Designation of the Record on Appeal. The documents have been submitted electronically in a PDF searchable format and otherwise are compliant with Rules of Court related to the use and submission of digital material.

Appellant Enrique Galvez



12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department

Pertinent Packet Notes

ED Provider Notes

Lock, Judy Lee, NP at 12/1/2017 11:13 AM

Dr. Miranda was the supervising physician for the Resident, Physician Assistant or Nurse Practitioner for this patient encounter.

Arrival Date/Time: 12/1/17 1040

Roomed Date/Time: 12/1/2017 1100

EMERGENCY DEPARTMENT NOTE

PCP: No primary care provider on file.

HISTORY:

CHIEF COMPLAINT:

Patient presents with:

Leg swelling: right lower leg pain and swelling x 2 weeks, using crutches, no injury. PMD believes he has a blood clot.
- C/P - SOB - HA

HISTORY:

HPI

48-year-old man here today for a swollen painful right leg. She states he started having some right hip discomfort about 2 weeks ago. He assumed it was his sciatica. Since that time the pain is traveled down his leg. States the pain is mainly in his calves. States his foot ankle and All Swollen. He's Been Using Crutches Because His Leg Hurts so Bad.

Denies Previous Problems with His Circulation, Blood Clotting, Hypertension, CAD. Denies Previous Skin Infection. Doesn't Smoke Cigarettes. No Recent Travel.

ROS:

Review of Systems

Constitutional: Negative for activity change, chills, diaphoresis, fatigue, fever and unexpected weight change.

HENT: Negative.

Eyes: Negative for visual disturbance.

Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.

Cardiovascular: Positive for leg swelling. Negative for chest pain and palpitations.

Gastrointestinal: Negative for abdominal pain, nausea and vomiting.

Musculoskeletal: Positive for myalgias. Negative for back pain.

Neurological: Negative for dizziness, syncope, speech difficulty, weakness, light-headedness and headaches.

All other systems reviewed and are negative.

ACTIVE PROBLEM LIST:

There is no problem list on file for this patient.

PAST MEDICAL HISTORY:

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Page 4

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Sutter Health

SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/1/2017, D/C: 12/1/2017

12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Pertinent Packet Notes (continued)

Medical History

No past medical history on file.

PAST SURGICAL HISTORY:

No past surgical history on file.

NEGATIVE PAST HISTORY

No past medical history pertinent negatives.

No past surgical history pertinent negatives on file.

MEDICATION:

Outpatient Prescriptions Marked as Taking for the 12/1/17 encounter (Hospital Encounter):

- IBUPROFEN PO, Take 600 mg by mouth

ALLERGIES:

Review of the patient's allergies finds:

Metformin

SOCIAL HISTORY:

Social History

Socioeconomic

Marital Status: Single

FAMILY HISTORY:

No family history on file.

PHYSICAL EXAM:

ED Triage Vitals		
Enc Vitals Group		
BP	12/01/17 1055	131/79
Pulse	12/01/17 1055	125
Heart Rate (monitor)	--	
Respiratory Rate	12/01/17 1055	16
Temp	12/01/17 1055	37.4 °C (99.4 °F)
Temp Source	12/01/17 1055	Oral
Weight	12/01/17 1055	72.6 kg (160 lb)
Height	--	
SpO2	12/01/17 1055	98 %
O2 Device	12/01/17 1403	room air

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Page 5

12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Pertinent Packet Notes (continued)

Flow (L/min)	—	
--------------	---	--

 Pulse O₂/SpO₂: on room air is adequate

Physical Exam

Nursing note and vitals reviewed.

 Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.
 HENT:

Nose: Nose normal.

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple. No JVD present.

 Cardiovascular: Normal rate, normal heart sounds and intact distal pulses. Exam reveals no gallop.
 No murmur heard.

Pulses:

Popliteal pulses are 1+ on the right side, and 1+ on the left side.

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abd/GI: Soft. Bowel sounds are normal. There is no tenderness.

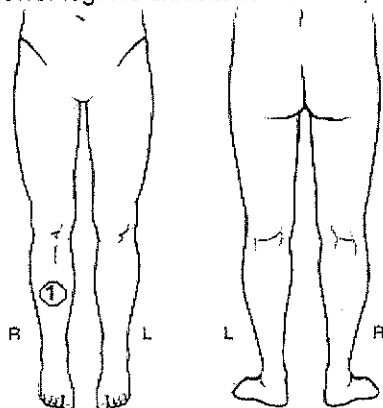
Musculoskeletal: Normal range of motion. He exhibits edema and tenderness. He exhibits no deformity.

Right hip: Normal.

Right knee: Normal.

Right ankle: He exhibits swelling and abnormal pulse. He exhibits normal range of motion, no ecchymosis, no deformity and no laceration. Achilles tendon normal.

Right lower leg: He exhibits tenderness, swelling and edema. He exhibits no bony tenderness.



1: Right lower leg has 2+ pedal edema up to mid calf. Calf has large area of erythema and tenderness. Skin is intact. No fluctuance.

Legs:

Right foot: There is swelling. There is normal range of motion, no tenderness, no bony tenderness and normal capillary refill.

Lymphadenopathy:

He has no cervical adenopathy.

Neurological: He is alert and oriented to person, place, and time. He has normal reflexes. He displays normal reflexes.

Coordination normal.

Skin: Skin is warm and dry. He is not diaphoretic.

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Page 6



12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Pertinent Packet Notes (continued)

ED COURSE/MDM

ED MEDICATIONS ADMINISTERED:

ED Medication Administration from 12/01/2017 1040 to 12/01/2017 1616

Date/Time	Order	Dose	Route	Action	Action by
12/01/2017 1131	HYDROcodone/acetaminophen (NORCO 10) 10mg/325mg 1 Tab	1 Tab	Oral	Given	Bowen, J
12/01/2017 1338	NaCl 0.9% (FOR BOLUS ONLY) IV Soln	2,000 mL	Intravenous	New Bag/Syringe	Porter, P
12/01/2017 1500	NaCl 0.9% (FOR BOLUS ONLY) IV Soln	0 mL	Intravenous	Stopped	Porter, P
12/01/2017 1343	clindamycin (CLEOCIN) 900mg in D5W 50mL IVPB (premix)	900 mg	Intravenous	New Bag/Syringe	Porter, P
12/01/2017 1443	clindamycin (CLEOCIN) 900mg in D5W 50mL IVPB (premix)	0 mg	Intravenous	Stopped	Porter, P
12/01/2017 1547	HYDROcodone/acetaminophen (NORCO 5) 5mg/325mg 1 Tab	1 Tab	Oral	Given	Porter, P

ED PROVIDER INTERPRETATION OF DATA (RAD,EKG,LAB):

EKG Interpretation:

Radiology Interpretation:

Venous Doppler—no evidence of DVT. **Subcutaneous edema of the calf.**

Lab Interpretation:

CMP abnormalities—sodium 132, chloride 93, bicarbonate 33, albumin 2.2. **Random blood glucose 347.** CBC—WBC 21.5. Mildly anemic with H&H 11.1/32.4. INR 1.1. Blood cultures pending lactate 1.2

PROCEDURES:

Procedures (If Indicated)

ED COURSE:

Had labs drawn. Venous Doppler for further evaluation. As lab results became available I consulted with Dr. Miranda. Patient had additional labs performed as per sepsis protocol. Also received 2 L of IV fluids. Blood cultures x2. Didn't then received 2 L of IV fluid. One dose of IV clindamycin.

Reviewed case with Dr. Miranda and concern that patient may require continuing IV antibiotics. Would be appropriate patient for observation in hospital. Phone call with hospitalist Dr. Press. She stated since area had improved with IV antibiotics, patient could be managed as outpatient with oral antibiotics.

MDM:

MDM

48-year-old man coming in today for a swollen painful right leg/calf. Differential: DVT, phlebitis, cellulitis, abscess

The patient importance of taking antibiotics as prescribed. Needs to keep leg elevated and apply heat. Needs close monitoring. Return to this emergency room on Sunday morning for reevaluation. Decision was made not to start on medication for diabetes at this time but to wait until he returns on Sunday for reevaluation. If blood glucose remains elevated will begin on glipizide.



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/1/2017, D/C: 12/1/2017

12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Pertinent Packet Notes (continued)

Written and verbal instructions regarding regarding medical condition and symptom management. Instructed regarding signs and symptoms of worsening condition and when to seek emergent medical attention.

Note: Portions of this report may have been transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent computerized transcription errors may be present.

DIAGNOSIS AND DISPOSITION:

ED DIAGNOSIS:

Final diagnoses:

[L03.115] Cellulitis of leg without foot, right

[E11.9] Diabetes (HCC)

DECISION TO ADMIT TIME (if admitted):

DISPOSITION:

Discharge Home

DISCHARGE PRESCRIPTIONS:

Discharge Prescriptions

CLINDAMYCIN (CLEOCIN) 300MG CAP

Take 1 Cap by mouth four times daily for 10 days

HYDROCODONE/ACETAMINOPHEN (NORCO 5)

Take 1 Tab by mouth every 6 hours as needed

5MG/325MG TAB

DIAGNOSTIC REPORTS:

Results for orders placed or performed during the hospital encounter of 12/01/17

-NIVL VENOUS DUPLEX LOWER EXTREMITY RIGHT

Narrative

COMPARISON: None.

INDICATIONS: Lower Extremity Swelling

TECHNIQUE: Real-time sonographic examination was performed of the venous system in the relevant area of interest. Color duplex Doppler was done.

FINDINGS:

POPLITEAL: Normal compressibility, augmentation and flow without intraluminal filling defect.

SUPERFICIAL FEMORAL: Normal compressibility, augmentation and flow without intraluminal filling defect.

COMMON FEMORAL: Normal compressibility, augmentation and flow without intraluminal filling defect.

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Page 8



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12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Pertinent Packet Notes (continued)

OTHER: There is subcutaneous edema of the calf. Visualized calf veins appear normal.

CONCLUSION: No evidence of deep venous thrombosis in the right lower extremity.

Interpreted by: Linda Casey 12/1/2017 12:44 PM

Signed by: Linda Casey 12/1/2017 12:45 PM

-COMPREHENSIVE METABOLIC PANEL W GFR

Result	Value	Ref Range
Sodium	132 (L)	136 - 145 mmol/L
Potassium	3.6	3.5 - 5.1 mmol/L
Chloride	93 (L)	95 - 111 mmol/L
CO2 (Bicarbonate)	33 (H)	21 - 32 mmol/L
Anion Gap	9.6	6 - 16 mmol/L
Glucose	347 (H)	70 - 99 mg/dL
BUN	11	0 - 18 mg/dL
Creatinine	0.90	0.50 - 1.30 mg/dL
GFR Est-Other	101	>60 See Cmnt
GFR Est-African American	117	>60 See Cmnt
Calcium	8.7	8.5 - 10.1 mg/dL
Total Protein	7.4	6.4 - 8.2 g/dL
Albumin	2.2 (L)	3.2 - 4.7 g/dL
Total Bilirubin	1.0	0.0 - 1.0 mg/dL
Alkaline Phosphatase	125	26 - 137 U/L
AST	16	0 - 37 U/L
ALT	17	0 - 60 U/L

-LACTIC ACID, PLASMA

Result	Value	Ref Range
Lactate, WB	1.2	0.4 - 2.0 mmol/L

-CBC WITH AUTOMATED DIFFERENTIAL

Result	Value	Ref Range
White Blood Cell Count	21.5 (H)	4.0 - 11.0 K/uL
Red Blood Cell Count	4.08 (L)	4.40 - 6.00 M/uL
Hemoglobin	11.1 (L)	13.5 - 18.0 g/dL
Hematocrit	32.4 (L)	40.0 - 52.0 %
MCV	79 (L)	80 - 100 fL
MCH	27.2	27.0 - 33.0 pg
MCHC	34.3	31.0 - 36.0 g/dL
RDW	13.3	<16.4 %
Platelet Count	443 (H)	150 - 400 K/uL
Differential Type	Automated	
Neutrophil %	88 (H)	49.0 - 74.0 %
Lymphocyte %	6 (L)	26.0 - 46.0 %
Monocyte %	6	2.0 - 12.0 %
Eosinophil %	0	0.0 - 5.0 %
Basophil %	0	0.0 - 2.0 %

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12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Pertinent Packet Notes (continued)

Abs. Neutrophil	19.0 (H)	2.0 - 8.0 K/uL
Abs. Lymphocyte	1.2	1.0 - 5.1 K/uL
Abs. Monocyte	1.2 (H)	0.0 - 0.8 K/uL
Abs. Eosinophil	0.0	0.0 - 0.5 K/uL
Abs. Basophil	0.0	0.0 - 0.2 K/uL
-PROTHROMBIN TIME/INR		
Result	Value	Ref Range
Prothrombin Time	14.6 (H)	12.0 - 14.5 sec
INR	1.1	0.9 - 1.2

Electronically signed by Lock, Judy Lee, NP at 12/01/17 1616
Electronically signed by Miranda, Jose Rene, MD at 12/01/17 2128

Imaging

Completed

NIVL VENOUS DUPLEX LOWER EXTREMITY RIGHT [838568509] (Final result)

NIVL Venous Duplex Lower Extremity DVT Right [838568509] Resulted: 12/01/17 1245, Result status: Final result
Ordering provider: Lock, Judy Lee, NP 12/01/17 1111 Order status: Completed
Resulted by: Casey, Linda Rose, MD Filed by: Ifc, Ehr Ip Powerscribe Results In 12/01/17 1248
Performed: 12/01/17 1201 - 12/01/17 1234 Accession number: SRU17003217625
Resulting lab: SUTTER HEALTH RADIOLOGY
Narrative:
COMPARISON: None.

INDICATIONS: Lower Extremity Swelling

TECHNIQUE: Real-time sonographic examination was performed of the venous system in the relevant area of interest. Color duplex Doppler was done.

FINDINGS:

POPLITEAL: Normal compressibility, augmentation and flow without intraluminal filling defect.

SUPERFICIAL FEMORAL: Normal compressibility, augmentation and flow without intraluminal filling defect.

COMMON FEMORAL: Normal compressibility, augmentation and flow without intraluminal filling defect.

OTHER: There is subcutaneous edema of the calf. Visualized calf veins appear normal.

CONCLUSION: No evidence of deep venous thrombosis in the right lower extremity.

Interpreted by: Linda Casey 12/1/2017 12:44 PM
Signed by: Linda Casey 12/1/2017 12:45 PM



12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
432 - SHRAD	SUTTER HEALTH RADIOLOGY	Unknown	3707 Schriever Mather CA 95742	03/05/09 0836 - 07/03/18 1346

Labs

LAB CHEMISTRY

LACTIC ACID, PLASMA [838568520] (Final result)

Electronically signed by: Lock, Judy Lee, NP on 12/01/17 1320 Status: Completed
 Ordering user: Lock, Judy Lee, NP 12/01/17 1320
 Authorized by: Lock, Judy Lee, NP Ordering provider: Lock, Judy Lee, NP
 Ordering mode: Standard
 Additional signing events
 Electronically signed by Lock, Judy Lee, NP 12/02/17 0743, for Discontinuing in Verbal mode, Communicator - Porter, Peggy L, RN
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Lock, Judy Lee, NP (auto-released)
 12/1/2017 1:20 PM

Questionnaire

Question	Answer
Repeat Order to be cancelled if previous lactate result is < 2	Yes

Specimen Information

ID	Type	Source	Collected By
F795274_LACW B_20171201132 100	Blood	Blood	17990 12/01/17 1330

Lactic Acid, Plasma STAT Now and After 3h [838568520]

Resulted: 12/01/17 1346, Result status: Final result

Ordering provider: Lock, Judy Lee, NP 12/01/17 1320 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/01/17 1346 Collected by: 17990 12/01/17 1330
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Lactate, WB	1.2	0.4 - 2.0 mmol/L	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

COMPREHENSIVE METABOLIC PANEL W GFR [838568511] (Final result)

Electronically signed by: Lock, Judy Lee, NP on 12/01/17 1111 Status: Completed
 Ordering user: Lock, Judy Lee, NP 12/01/17 1111
 Authorized by: Lock, Judy Lee, NP Ordering provider: Lock, Judy Lee, NP
 Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Lock, Judy Lee, NP (auto-released)



SUTTER SANTA ROSA
REGIONAL HOSPITAL
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Adm: 12/1/2017, D/C: 12/1/2017

12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Labs (continued)

12/1/2017 11:11 AM

Scheduling instructions

If you are taking sulfasalazine, you should have your blood drawn immediately before taking your next scheduled dose of medication.

Specimen Information

ID	Type	Source	Collected By
F790433_CMPG _2017120111110 0	Serum	Blood	17286 12/01/17 1245

**Comprehensive Metabolic Panel w GFR STAT Once [838568511]
(Abnormal)**

Resulted: 12/01/17 1311, Result status: Final result

Ordering provider: Lock, Judy Lee, NP 12/01/17 1111

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/01/17 1312

Collected by: 17286 12/01/17 1245

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

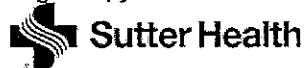
Component	Value	Reference Range	Flag	Lab
Sodium	132	136 - 145 mmol/L	L	SRFAC
Potassium	3.6	3.5 - 5.1 mmol/L	—	SRFAC
Chloride	93	95 - 111 mmol/L	L	SRFAC
CO2 (Bicarbonate)	33	21 - 32 mmol/L	H	SRFAC
Anion Gap	9.6	6 - 16 mmol/L	—	SRFAC
Glucose	347	70 - 99 mg/dL	H	SRFAC
Comment: Note new normal range.				
BUN	11	0 - 18 mg/dL	—	SRFAC
Creatinine	0.90	0.50 - 1.30 mg/dL	—	SRFAC
Comment: IDMS-traceable method				
GFR Est-Other	101	>60 See Cmnt	—	SRFAC
GFR Est-African American	117	>60 See Cmnt	—	SRFAC
Comment: Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation				
Calcium	8.7	8.5 - 10.1 mg/dL	—	SRFAC
Total Protein	7.4	6.4 - 8.2 g/dL	—	SRFAC
Albumin	2.2	3.2 - 4.7 g/dL	L	SRFAC
Total Bilirubin	1.0	0.0 - 1.0 mg/dL	—	SRFAC
Alkaline Phosphatase	125	26 - 137 U/L	—	SRFAC
AST	16	0 - 37 U/L	—	SRFAC
ALT	17	0 - 60 U/L	—	SRFAC
Comment: Note new normal range.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

LAB COAGULATION

PROTHROMBIN TIME/INR [838568512] (Final result)



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/1/2017, D/C: 12/1/2017

12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Labs (continued)

Electronically signed by: Lock, Judy Lee, NP on 12/01/17 1111
Ordering user: Lock, Judy Lee, NP 12/01/17 1111
Authorized by: Lock, Judy Lee, NP
Class: IP Lab Collect
Lab status: Final result

Status: Completed
Ordering provider: Lock, Judy Lee, NP
Ordering mode: Standard
Quantity: 1
Instance released by: Lock, Judy Lee, NP (auto-released)
12/1/2017 11:11 AM

Specimen Information

ID	Type	Source	Collected By
F790433_PT_20 171201111100	Plasma	Blood	17286 12/01/17 1245

Prothrombin Time/INR STAT Once [838568512] (Abnormal)

Resulted: 12/01/17 1309, Result status: Final result

Ordering provider: Lock, Judy Lee, NP 12/01/17 1111
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/01/17 1309
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: 17286 12/01/17 1245

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time	14.6	12.0 - 14.5 sec	H	SRFAC
INR	1.1	0.9 - 1.2	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

LAB HEMATOLOGY

CBC WITH AUTOMATED DIFFERENTIAL [838568510] (Final result)

Electronically signed by: Lock, Judy Lee, NP on 12/01/17 1111
Ordering user: Lock, Judy Lee, NP 12/01/17 1111
Authorized by: Lock, Judy Lee, NP
Class: IP Lab Collect
Lab status: Final result

Status: Completed
Ordering provider: Lock, Judy Lee, NP
Ordering mode: Standard
Quantity: 1
Instance released by: Lock, Judy Lee, NP (auto-released)
12/1/2017 11:11 AM

Specimen Information

ID	Type	Source	Collected By
F790433_CBCA _2017120111110 0	Blood	Blood	17286 12/01/17 1245

CBC with Automated Differential STAT Once [838568510] (Abnormal)

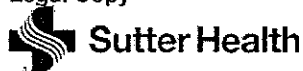
Resulted: 12/01/17 1302, Result status: Final result

Ordering provider: Lock, Judy Lee, NP 12/01/17 1111
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/01/17 1302
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: 17286 12/01/17 1245

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	21.5	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count	4.08	4.40 - 6.00 M/uL	L	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/1/2017, D/C: 12/1/2017

12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Labs (continued)

Hemoglobin	11.1	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit	32.4	40.0 - 52.0 %	L	SRFAC
MCV	79	80 - 100 fL	L	SRFAC
MCH	27.2	27.0 - 33.0 pg	—	SRFAC
MCHC	34.3	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.3	<16.4 %	—	SRFAC
Platelet Count	443	150 - 400 K/uL	H	SRFAC
Differential Type	Automated	—	—	SRFAC
Neutrophil %	88	49.0 - 74.0 %	H	SRFAC
Lymphocyte %	6	26.0 - 46.0 %	L	SRFAC
Monocyte %	6	2.0 - 12.0 %	—	SRFAC
Eosinophil %	0	0.0 - 5.0 %	—	SRFAC
Basophil %	0	0.0 - 2.0 %	—	SRFAC
Abs. Neutrophil	19.0	2.0 - 8.0 K/uL	H	SRFAC
Abs. Lymphocyte	1.2	1.0 - 5.1 K/uL	—	SRFAC
Abs. Monocyte	1.2	0.0 - 0.8 K/uL	H	SRFAC
Abs. Eosinophil	0.0	0.0 - 0.5 K/uL	—	SRFAC
Abs. Basophil	0.0	0.0 - 0.2 K/uL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

LAB MICROBIOLOGY

CULTURE, BLOOD [838568518] (Edited Result - FINAL)

Electronically signed by: Lock, Judy Lee, NP on 12/01/17 1320 Status: Completed
 Ordering user: Lock, Judy Lee, NP 12/01/17 1320 Ordering provider: Lock, Judy Lee, NP
 Authorized by: Lock, Judy Lee, NP Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Edited Result - FINAL Instance released by: Lock, Judy Lee, NP (auto-released)
 12/1/2017 1:20 PM

Order comments: 2Sets/2Sites

Specimen Information

ID	Type	Source	Collected By
F795269_BC_20 171201132000 Comment: RAC	Blood	Other	17286 12/01/17 1340

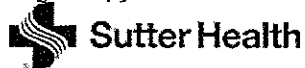
Resulted: 12/04/17 0934, Result status: Edited
Result - FINAL

Culture, Blood STAT Q1 Min [838568518] (Abnormal)

Ordering provider: Lock, Judy Lee, NP 12/01/17 1320 Order status: Completed
 Filed by: Jfc, Ehr Wb Ip Sq Lab Results In 12/04/17 1311 Collected by: 17286 12/01/17 1340
 Resulting lab: CPMC PACIFIC LAB
 Acknowledged by: Loh, Alicia, RPh on 12/04/17 1311

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
CULTURE	Staphylococ	—	A	MEPAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
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SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/1/2017, D/C: 12/1/2017

12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Labs (continued)

CULTURE	cus aureus in both bottles	MEPAC
Result:		
Note		
Gram stain called to Jennifer/RN (ED) at 0150 12/02/17 by RT/MN. RB		
TTD: 11hrs 05min (anaerobic bottle), 12hrs 05min (aerobic bottle)		

Sensitivities

Organism	Antibiotic	Sensitivity
Staphylococcus aureus	Clindamycin	<=0.5 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Erythromycin	<=0.5 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Gentamicin	<=2 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Oxacillin	0.5 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Rifampin	<=0.5 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Tetracycline	<=0.5 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Trimethoprim/Sulfa	<=1/19 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Vancomycin	1 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Levofloxacin	<=0.5 Sensitive
MICROBIOLOGY MIC		
Staphylococcus aureus	Penicillin	Resistant
MICROBIOLOGY MIC		

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia- Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

All Reviewers List

Loh, Alicia, RPh on 12/4/2017 7:16 PM
Mitchell, Gina M, RN on 12/4/2017 10:25 AM

CULTURE, BLOOD [838568519] (Final result)

Electronically signed by: Lock, Judy Lee, NP on 12/01/17 1320 Status: Completed
Ordering user: Lock, Judy Lee, NP 12/01/17 1320
Authorized by: Lock, Judy Lee, NP
Class: IP Lab Collect
Lab status: Final result
Ordering provider: Lock, Judy Lee, NP
Ordering mode: Standard
Quantity: 1
Instance released by: Lock, Judy Lee, NP (auto-released)
12/1/2017 1:20 PM

Order comments: 2Sets/2Sites

Printed by [S18787] at 1/7/20 11:19 AM

Page 15



12/01/2017 - ED in Santa Rosa Regional Hospital Emergency Department (continued)

Labs (continued)

Specimen Information

ID	Type	Source	Collected By
F795271_BC_20 171201132100	Blood	Blood	17990 12/01/17 1330

Culture, Blood STAT Q1 Min [838568519] (Abnormal)

Resulted: 12/03/17 0925, Result status: Final result

Ordering provider: Lock, Judy Lee, NP 12/01/17 1320

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 0857

Collected by: 17990 12/01/17 1330

Resulting lab: CPMC PACIFIC LAB

Acknowledged by: Mitchell, Gina M, RN on 12/04/17 1015

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
CULTURE	Staphylococcus aureus in both bottles	—	A	MEPAC
CULTURE	, Refer to previous culture for susceptibility results	—	—	MEPAC
CULTURE	Result:	—	—	MEPAC
	Note			

Gram stain called to Jennifer/RN (ED) at 0150 12/02/17 by RT/MN. RB

TTD: 11HRS 16MIN (aerobic bottle), 11HRS 26MIN (anaerobic bottle).

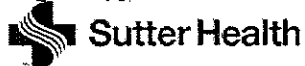
Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia-Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

All Reviewers List

Mitchell, Gina M, RN on 12/4/2017 10:16 AM

Browning, Meghan M, RN on 12/2/2017 5:32 PM



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites

Pertinent Packet Notes

Consults

Yang, Shu-Qing, MD at 12/5/2017 2:40 PM

INFECTIOUS DISEASES CONSULTATION

Requesting physician/provider: Kenneth Lamb, MD

Primary care physician: William Carroll

Consulting physician: Shu Q Yang, MD

Date of consult: 12/5/2017

Reason for consult: MSSA septic RT knee and rt leg abscess, s/p surgical debridement

Assessment and Plan:

*MSSA bacteremia, Rt knee infection, abscess and possible nec fas of the rt leg

12/5--S/P surgical I/D midnight (12/4->12/5). Further debridement per Dr. Ortho.

Intra-op cxs pending. Same abxs for now.

Issues and plans explained to the pt.

Case DW Dr. Lamb

Current Antimicrobials:

Cefazolin 12/5-->

Clinda 12/5-->

Discontinued Antimicrobials:

Zosyn 12/4

Vanco 12/4

Clinda 12/1

Microbiology:

Bcxs 12/4 NGTD

Wd cx (intra-op) 12/4 pending

Bcxs 12/1 MSSA (2:2)

Wd cx 12/4 (3) NGTD; GS w GPC

Lines/Catheters/Tubes:

History of Present Illness:

The pt is a pleasant 48 yo male who has DM on diet control. He works as a store manager. The pt denied h/o injury to his legs. He started to notice swelling of the rt leg about two weeks ago. Since then the swelling and pain had worsened progressively. He denied fevers. He had some chills. He started to use crutches to help with walking about a week ago. The pt was seen in the ED on 12/1. He was found to have no fever. But leukocytosis was at 22K. US showed no e/o DVT. The pt received a dose of IV clindamycin and was discharged home with oral abx.

Bcxs obtained on 12/2 turned pos for MSSA in 2/2 sets. The pt was called back to the hospital on 12/4. There is report of improvement of the rt leg. But rt knee swelling worsened. Aspiration of the the rt knee in the ED showed blood-tinged and purulent fluid. Dr. Bennett was consulted. Surgical debridement was done right away. Post-operatively the pt was given the diagnosis septic rt knee, abscess of the rt leg and probable necrotizing fasciitis. The

Page 17

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

pt has been in the ICU post-op.
Intra-op cxs are pending. He is currently on Ancef and clindamycin.

The pt reports feeling better. He has pain in the rt leg which is under control.

Past Medical History:

Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Diabetic retinopathy (HCC)			Provider
Sleep apnea			Provider

Past Surgical History:

Past Surgical History:

Procedure

• HX UVULOPALATOPHARYNGOPLASTY (UPPP)

H/O Uvulopalatopharyngoplasty

Laterality

Date

Allergies:

Review of the patient's allergies finds:

Metformin (Severe GI upset)

Medications other than antimicrobials reviewed:

Social History/Habits:

Social History

Marital status: Single

Spouse name:

Years of education:

Number of children:

Social History Main Topics

Smoking status: Current Some Day Smoker

Packs/day: 0.00 Years: 0.00

Types: Cigars

Smokeless tobacco: Never Used

Alcohol use: Yes 1.0 oz/week

Glasses of wine: 1 per week

Drug use: No

Social History Narrative

Cark shoe store manager

Pr reports cig smoking occasionally. He denied alcohol abuse or illicit drug use. He is single and works as a store manager.

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)
Pertinent Packet Notes (continued)
Family History:

History reviewed. No pertinent family history.

Review of Systems:

Denied HA. Appetite is poor. Denied cough or SOB. He told me that he was getting tired of answering questions regarding the history of his recent illness.

Physical Examination:
OBJECTIVE:

 Temp (24hrs), Avg: 98.4 °F (36.9 °C), Min: 97.6 °F (36.4 °C), Max: 99 °F (37.2 °C)
 , BP 124/81 | Pulse 93 | Temp (Src) 98.3 °F (36.8 °C) (Axillary) | Resp 21 | Ht 1.803 m (5' 11") | Wt 79.2 kg (174 lb 9.7 oz) | SpO2 98%

PHYSICAL EXAM:

General	NAD, nontoxic. Looking tired. Cooperative
HEENT	NCAT, no scleral icterus/conjunctival injection, EOMI, no thrush
Lung	CTA b/l, good air movement
Cardiac	Regular rate and rhythm. No murmur
Extremities	Rt leg and knee w dsq, two hemovac in place (blood tinged fluid); no edema in the rt foot
Abdomen	Soft NT/ND, BS hypoactive
Skin	No rash.
Neuro	Moves all ext, nonfocal

LABS REVIEWED
Lab Results

Lab	Value	Date/Time
WBC	14.8	12/05/2017 01:14 AM
WBC	13.9	12/04/2017 04:01 PM
WBC	21.5	12/01/2017 12:45 PM
HGB	10.8	12/05/2017 01:14 AM
HCT	32.6	12/05/2017 01:14 AM
PLT	389	12/05/2017 01:14 AM
NEUTP	81	12/05/2017 01:14 AM
EOSP	0	12/05/2017 01:14 AM

No results found for: CRP,

Lab Results

Lab	Value	Date/Time
ESR	87	12/05/2017 01:14 AM

Lab Results

Lab	Value	Date/Time
GLU	198	12/05/2017 01:14 AM



**12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)**

Pertinent Packet Notes (continued)

NA	137	12/05/2017 01:14 AM
CL	98	12/05/2017 01:14 AM
BUN	6	12/05/2017 01:14 AM
CREATININE	0.71	12/05/2017 01:14 AM
CA	7.9	12/05/2017 01:14 AM
PROT	7.0	12/05/2017 01:14 AM
ALB	1.9	12/05/2017 01:14 AM
TBILI	0.7	12/05/2017 01:14 AM
ALP	114	12/05/2017 01:14 AM
AST	23	12/05/2017 01:14 AM
ALT	23	12/05/2017 01:14 AM

IMAGING STUDIES REVIEWED

A total of minutes was spent on clinical care unit reviewing history, examining patient, and coordinating care.

Shu Q Yang, MD

Electronically signed by Yang, Shu-Qing, MD at 12/06/17 1036

Bennett, Frederick S, MD at 12/4/2017 10:07 PM

Location: Santa Rosa
PATIENT NAME: Enrique Galvez
MRN: 62050112
Account: 892621519
DOB: 11/27/1969
Visit Start Date: 12/04/2017
Service Date: 12/04/2017
Author: Frederick S Bennett, MD

Consultation

REPORT TITLE: Orthopedic Consultation

HISTORY OF PRESENT ILLNESS: The patient is a 48-year-old male, who had onset of right knee and right posterior medial mid leg pain and swelling 5 days ago. He is in the Emergency Room 3 days ago, was prescribed clindamycin for cellulitis of the leg, improved somewhat. The knee continued to worsen. The patient underwent aspiration of the right knee in the Emergency Room, which yielded fluid with 157,000 white blood cells, 93% polys.

ALLERGIES: Metformin.

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

MEDICATIONS: None.

PAST MEDICAL HISTORY: The patient reports that he had diabetes until he lost 90 pounds. He denies any current medical problems.

REVIEW OF SYSTEMS: The patient reports that he had a sinus infection a month ago. He has experienced some chills. Denies cardiac, pulmonary, gastrointestinal, genitourinary, hematologic, neurologic or psychiatric symptoms.

SOCIAL HISTORY: The patient lives with roommates in Santa Rosa. He works as a store manager. He reports smoking occasional cigarettes. He denies alcohol consumption.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAMINATION: The patient is pleasant, alert, cognitively intact, in no acute distress. He has near ideal body weight. There was a small-to-moderate right knee effusion present, is palpably warm. There is no erythema around the knee. The joint was irritable with poor range of motion. Skin was intact except for needle aspiration mark from today. There was a 16 x 6 cm area of induration, tenderness and fading erythema over the posteromedial aspect of the leg midway between the ankle and knee, was not grossly fluctuant. There is no pain to motion of the ankle. The toes are well perfused with normal color and capillary refill. Sensation was present on the plantar and dorsal surfaces of the foot. Compartments in the leg were soft. There was no thigh swelling, induration, tenderness or discoloration. There were no apparent other inflamed joints in the shoulder girdles, upper extremities or left lower extremity.

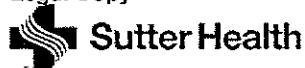
LABORATORY STUDIES: Demonstrate white blood cell count 13.9, hematocrit 36.6%, platelets 406,000. Sodium 133, creatinine 0.87, albumin 2.4, INR 1.1.

ASSESSMENT:

1. Septic arthritis, right knee.
2. Possible right leg abscess.
3. Diabetes.
4. Mild hyponatremia.
5. Hypoalbuminemia.

PLAN: Is for arthroscopic versus open debridement, synovectomy of the right knee and needle aspiration and possible debridement of the right leg. The nature intended surgical procedure and risks were discussed with the patient. Risks were stated to include but not necessarily be limited to, persistent infection, requiring repeat debridement, damage to nerves or blood vessels, wound healing problems, persistent pain, stiffness, limb weakness, and difficulty ambulating. The patient agreed to undergo the proposed surgical procedure.

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SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

DD: 12/04/2017 20:14:08; DT: 12/04/2017 22:36:35; Job#: 5591576
Doc#IM23098717
Transcriptionist: M/vn

Electronically signed by Bennett, Frederick S, MD at 12/05/17 1733

Discharge Summary

Press, Ann Katz, MD at 12/10/2017 11:28 AM



PACIFIC INPATIENT
MEDICAL GROUP

SUTTER SANTA ROSA REGIONAL HOSPITAL

HOSPITALIST DISCHARGE SUMMARY

Enrique Galvez IV 62050112

ADMIT DATE: 12/4/2017

DISCHARGE DATE: Sunday, December 10, 2017

PMD: William Carroll

HOSPITALIST: Ann Katz Press, MD

CONSULTANTS: Dr. Bennett (orthopedic surgery), Dr. Yang (ID)

DISCHARGE DIAGNOSES:

Active Hospital Problems

Diagnosis	Date Noted
• Sinus tachycardia [R00.0]	12/09/2017
• Staphylococcal arthritis of right knee (HCC) [M00.061]	12/05/2017
• Type 2 diabetes mellitus with both eyes affected by retinopathy and macular edema, without long-term current use of insulin (HCC) [E11.311]	12/05/2017
• S/P excisional debridement [Z98.890]	12/05/2017
12.4.17 arthroscopic synovectomy of the R knee and I and D of R leg	
• Septic arthritis of knee, right (HCC) [M00.9]	

Resolved Hospital Problems

Diagnosis	Date Noted	Date Resolved
• Bacteremia due to Staphylococcus aureus [R78.81]	12/06/2017	12/09/2017
• Abscess of right lower leg [L02.415]	12/05/2017	12/09/2017
• Necrotizing fasciitis (HCC) [M72.6]	12/05/2017	12/09/2017
• Septicemia (HCC) [A41.9]	12/04/2017	12/09/2017

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Page 22



12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

HOSPITAL COURSE:

Enrique Galvez IV was admitted to the hospital for treatment of Staphylococcal arthritis of right knee (HCC). Hospitalization outlined by problem list below.

MSSA bacteremia and septic R knee and R leg abscess: s/p I&D w washout 12/4 PM. Intraop wound cultures growing MSSA. 4/4 BCx from 12/1 + for MSSA. 1/4 BCx from 12/4 positive for MSSA. Repeat BCx 12/6 negative. While inpatient, was on both clinda/ancef per ID, but after discharge will be on ancef alone. "It is the plan to treat w IV abx for 6 wks if pt continues doing well and no new infection. Anticipated end date Jan 15, 2018." TTE 12/6 wnl.

DM2, poorly controlled: Pt self-discontinued his glipizide after weight loss, and has been intolerant of metformin in the past. A1c here 10.3%, indicating long-term poor control. Restarted glipizide, with improved control, but will need close follow-up with PCP within 1-2 weeks. Diabetes testing supplies reordered to pt's pharmacy (pt lost his in the fire).

sinus tachycardia: HR here consistently 90s-100s. May be related to pain, acute issues, so no Bblocker started. TSH wnl. PCP will need to recheck at future appointments and address if persists.

PROCEDURES:

12/4/17:

1. Arthroscopic debridement and 3 compartment synovectomy, right knee.
2. Debridement of right leg.

OPAT ORDERS:

1. Dx: MSSA bacteremia, septic rt knee and rt leg abscess
2. Ancef 2 g IV q8h; pharmacy pls adjust dosage w renal function
3. Lactobacillus one tab PO Tid
4. Anticipated end date Jan 15, 2018
5. Labs qMonday: CBC w diff, CMP, CRP
6. Fax results to DR. William Carrol; Dr. Fred Bennett and copy to DR. Shu Yang 595-5290
7. Line care per protocol
8. Remove PICC/central line when IV abx therapy is completed

LABWORK REVIEWED INCLUDE:

Recent Labs

Lab	12/10/17 0435	12/09/17 0510	12/08/17 0434
WBC	17.8 H	18.5 H	20.9 H
HGB	9.9 L	10.8 L	10.4 L
HCT	29.8 L	32.1 L	30.6 L
PLT	650 H	641 H	603 H

No results for input(s): PT, INR in the last 72 hours.

Recent Labs

Lab	12/10/17	12/09/17	12/08/17	12/08/17	12/07/17
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Printed by [S18787] at 1/7/20 11:19 AM



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

	0435	0510	1510	0434	1925
NA	135 L	134 L	--	136	--
K	4.2	4.0	4.4	3.8	4.2
CL	98	97	--	98	--
CO2	29	28	--	29	--
CA	9.3	9.5	--	9.0	--
BUN	12	8	--	7	--
CREATININE	0.77	0.73	--	0.73	--
GLU	98	89	--	86	--

No results for input(s): TBILI, AST, ALT, ALP, ALB in the last 72 hours.
No results for input(s): TROPI, CK, CKMB, CKMBP in the last 72 hours.

Recent Labs

Lab	12/10/17	12/09/17	12/09/17	12/09/17	12/09/17
	0824	2112	1720	1404	0838
GLUCAP	125 H	192 H	177 H	189 H	99

Lab Results

Lab	Value	Date/Time
MG	2.1	12/06/2017 05:48 AM
MG	1.8	12/05/2017 01:14 AM

No results found for: BNP
No components found for: A1C

Recent Labs

Lab	12/09/17	12/08/17
	0510	0434
CRP	137.0 H	160.0 H

TSH (uIU/mL)

Date	Value
12/05/2017	1.34

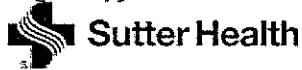
A1CP (%)

Date	Value
12/05/2017	10.3 (H)

Microbiology:

Microbiology Results (1 week)

Procedure	Component	Value	Units	Date/Time
Culture, Blood Routine Q15 Min [839734781]				Collected: 12/06/17 1325
Order Status: Completed		Specimen: Blood from Other		Updated: 12/10/17 0705
Special		None		



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Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

Procedure	Component	Value	Units	Date/Time
	Requests			
	CULTURE	No growth 4 days		
Culture, Blood Routine Q15 Min [839734782]				Collected: 12/06/17 1315
Order Status: Completed		Specimen: Blood from Other		Updated: 12/10/17 0705
	Special	None		
	Requests			
	CULTURE	No growth 4 days		
Culture, Blood STAT Q1 Min [839579476] (Abnormal)				Collected: 12/04/17 1610
Order Status: Completed		Specimen: Blood from Other		Updated: 12/09/17 0805
	Special	None		
	Requests			
	CULTURE	Staphylococcus aureus in the aerobic bottle , Refer to previous culture for susceptibility results (A)		
		Note		
		PREVIOUSLY CALLED		
		TTD 02:22:55 AEROBIC BOTTLE		
Culture, Body Fluid, Aer & Anaer w/ Smea STAT Once [839579495] (Abnormal) (Susceptibility)				Collected: 12/04/17 1700
Order Status: Completed		Specimen: Fluid-Joint from		Updated: 12/08/17 1249
		Other		
	Special	None		
	Requests			
	GRAM STAIN	Moderate WBCs		
		Few Gram Positive Cocci (A)		
	CULTURE	2+ Staphylococcus aureus (A)		
		No Anaerobes isolated		
		Note		
		Results called and faxed to Nicole at Sutter Santa Rosa 9:05am 12/6/17 //ff		
Culture, Blood STAT Q1 Min [839579475] (Abnormal) (Susceptibility)				Collected: 12/04/17 1601
Order Status: Completed		Specimen: Blood from Other		Updated: 12/08/17 0738
	Special	None		
	Requests			
	CULTURE	Staphylococcus aureus in the aerobic bottle (A)		
		Note		
		TTD 01:15:53 AEROBIC		
		CALLED TO AND READBACK BY STEVE AT 1012/AR		
Culture, Body Fluid, Aer & Anaer w/ Smea [839694076] (Abnormal)				Collected: 12/04/17 2046
Order Status: Completed		Specimen: Surgical Site from		Updated: 12/07/17 1207
		Other		
	Special	GEL SWAB RECD		
	Requests			
	GRAM STAIN	Many WBCs		



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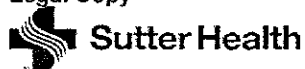
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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

Procedure	Component	Value	Units	Date/Time
		Many RBCs		
		Moderate Gram Positive Cocci (A)		
		Note Results called and faxed to Nicole at Sutter Santa Rosa 11:50am		
		12/05/17 //ff		
	CULTURE	1+ Staphylococcus aureus , Refer to previous culture for susceptibility results (A)		
		No Anaerobes isolated		
	Culture, Body Fluid, Aer & Anaer w/ Smea STAT Once			Collected: 12/04/17 2140
	[839694056] (Abnormal) (Susceptibility)			
	Order Status: Completed	Specimen: Surgical Site from		Updated: 12/07/17 1206
		Other		
	Special Requests	GEL SWAB RECD		
	GRAM STAIN	Moderate WBCs		
		Many RBCs		
		Moderate Gram Positive Cocci (A)		
		Note Results called and faxed to Nicole at Sutter Santa Rosa 11:50am		
		12/05/2017 //ff		
	CULTURE	2+ Staphylococcus aureus (A)		
		No Anaerobes isolated		
	Culture, MRSA Screen Routine Once [839734738]			Collected: 12/05/17 0035
	Order Status: Completed	Specimen: Nares from Nares		Updated: 12/06/17 1238
	Special Requests	None		
	CULTURE	No methicillin (oxacillin) resistant Staph aureus isolated		
	Gram Stain STAT Once [839579504]			Collected: 12/04/17 1700
	Order Status: Completed	Specimen: Synovial fluid from		Updated: 12/04/17 2058
		Synovial Fluid		
	Special Requests	None		
	GRAM STAIN	Many WBCs		
		Few Gram Positive Cocci in clusters		
	Urinalysis & Cult if Indicated STAT Once [839579477]			Collected: 12/04/17 1730
	(Abnormal)			
	Order Status: Completed	Specimen: Urine from Clean		Updated: 12/04/17 1757
		Catch Urine		
	Urine Color	Yellow		
	Urine Appearance	Clear		
	Urine Specific Gravity	1.010		
	Urine pH	8.0 (H)		
	Urine Leukocyte Esterase	Neg		
	Urine Nitrites	Neg		
	Urine Protein	Trace (A)		
	Urine Glucose	500 (A)		
	Urine Ketones	Neg		

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

Procedure	Component	Value	Units	Date/Time
	Urine	1.0	EU/dL	
	Urobilinogen			
	Urine Bilirubin	Neg		
	Urine Blood	Neg		

Imaging:

Xr Chest 2 Views Pa Lateral

Result Date: 12/4/2017

COMPARISON: None. INDICATIONS: SIRS FINDINGS: CARDIAC SILHOUETTE: Normal. PULMONARY VASCULATURE: Normal. LUNGS: Normal. PLEURA: Normal. MEDIASTINUM/HILA: Normal. BONES: Normal. EXTRINSIC LINES/HARDWARE: None. OTHER: None. CONCLUSION: Negative acute. Interpreted by: Scott Booth 12/4/2017 3:53 PM Signed by: Scott Booth 12/4/2017 3:53 PM

Xr Knee 3 Views Right

Result Date: 12/4/2017

COMPARISON: None. INDICATIONS: Pain FINDINGS: BONES: Normal. JOINTS: Normal. SOFT TISSUES: Vascular calcifications. OTHER: None. CONCLUSION: Negative acute. Interpreted by: Scott Booth 12/4/2017 3:53 PM Signed by: Scott Booth 12/4/2017 3:53 PM

Nivl Venous Duplex Lower Extremity Right

Result Date: 12/1/2017

COMPARISON: None. INDICATIONS: Lower Extremity Swelling TECHNIQUE: Real-time sonographic examination was performed of the venous system in the relevant area of interest. Color duplex Doppler was done. FINDINGS: POPLITEAL: Normal compressibility, augmentation and flow without intraluminal filling defect. SUPERFICIAL FEMORAL: Normal compressibility, augmentation and flow without intraluminal filling defect. COMMON FEMORAL: Normal compressibility, augmentation and flow without intraluminal filling defect. OTHER: There is subcutaneous edema of the calf. Visualized calf veins appear normal. CONCLUSION: No evidence of deep venous thrombosis in the right lower extremity. Interpreted by: Linda Casey 12/1/2017 12:44 PM Signed by: Linda Casey 12/1/2017 12:45 PM

Echo:

Transthoracic Echo Complete With Doppler

Result Date: 12/6/2017

Transthoracic Echocardiography Report (TTE) Demographics Patient Name GALVEZ ENRIQUE IV Gender Male Patient Number 62050112 Room Number 2520 Accession Number SRK17003244802 Date of Study 12/05/2017 Date of Birth 11/27/1969 Referring Physician LAMB KENNETH C MD Age 48 year(s) Ordering Physician Cardiology Fellow Nurse Performing Physician Sonographer MCNULTY BERNARD Interpreting HUNTER JOHN MD Physician Conclusions Summary Technically difficult study. Based on views available, within normal limits. Signature _____ Electronically signed by HUNTER JOHN MD (Interpreting physician) on 12/06/2017 at 07:34 PM _____ Procedure Type of Study TTE procedure: TRANSTHORACIC ECHO COMPLETE WITH DOPPLER. Procedure Date Date: 12/05/2017 Start: 07:40

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Page 27



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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

AM Admission Status: Inpatient Study Location: Portable Technical Quality: Limited visualization due to body habitus. Indications: Sepsis. Patient Status: Inpatient Height: 71 inches Weight: 86 pounds BSA: 1.47 m² BMI: 11.99 kg/m² Rhythm: Normal Sinus Rhythm HR: 90 bpm BP: 127/86 mmHg Findings Left Ventricle The left ventricle is normal in size. Global and regional LV systolic function are normal (LVEF est 60%). Right Ventricle Right ventricular diastolic volume, wall thickness, and systolic function are normal. Left Atrium The LA volume index is normal (17 ml/m²). Right Atrium/IVC/SVC The right atrial volume is normal. The IVC is normal in diameter with greater than 50% respiratory variation. Aortic Valve The aortic valve is trileaflet. There is no evidence of aortic stenosis. There is no evidence of aortic regurgitation. Mitral Valve The mitral leaflets appear normal. There is no mitral valve stenosis. There is trace mitral regurgitation. Tricuspid Valve The tricuspid valve leaflets are morphologically normal. There is no tricuspid stenosis. There is trace tricuspid valve regurgitation. Doppler envelope is incomplete. Pulmonic Valve The pulmonic valve appears normal. There is no pulmonic regurgitation. Miscellaneous The aortic root appears normal. The main pulmonary artery appears normal. Pericardial Effusion There is no evidence of pericardial effusion. Pleural Effusion There is no evidence of a pleural effusion. Structures/M-Mode Measurements Left Ventricular Structure LVIDd: 2.91 cm LVIDs: 2.12 cm Area Systolic: 19 cm² IVSDd: 0.96 cm Area Diastolic: 32.3 cm² LVPWd: 0.9 cm LV Length: 8.81 cm LV ES Volume: 42 ml LV ED Volume: 96 ml LV ESV Index: 29 ml/m² LV EDV Index: 65 ml/m² EF Estimated: 60 % Left Ventricular Function LVEF Calculated: 56.3 % FS: 27.2 % E' Lateral Velocity: 14.6 cm/s E' Medial Velocity: 8.7 cm/s E/A Ratio: 0.89 E/Lat e': 5.8 MV Decel Time: 187 msec Pulm vein diastolic velocity: 34.6 Pulm vein systolic velocity: 39.4 cm/s cm/s Cardiac index (CI): 3.63 l/min*m² Cardiac output: 5.34 l/min Right Ventricle Diastolic Dimension: 3.14 cm RVOT VTI: 14.1 cm Left Atrium LA Dimension: 2.8 cm LA Area: 12.1 cm² LA/Aorta: 0.85 LA Volume/Index: 27 ml /18 m² Hemodynamics Cardiac output: 5.34 l/min Cardiac index (CI): 3.63 l/min*m² Great vessels/Other Aorta Aortic Root: 3.3 cm Pulmonary Vein: Valves/Doppler Measurements Aortic Valve Peak Velocity: 113 cm/s Mean Gradient: 3.1 mmHg Peak Gradient: 5.11 mmHg Area (continuity): 2.89 cm² AV VTI: 20.5 cm LVOT Peak Velocity: 97.8 cm/s Mean Gradient: 2.1 mmHg Peak Gradient: 4 mmHg LVOT VTI: 18.9 cm LVOT Diameter: 2 cm Mitral Valve Peak E-Wave: 84.5 cm/s Peak A-Wave: 95 cm/s Peak Gradient: 2.86 mmHg

Pathology:

Pathology Results (Last 1 weeks)

** No results found for the last 168 hours. **

DISCHARGE MEDICATIONS:

Medication List

START taking these medications

blood glucose monitoring system w/Device Kit
Test twice daily, before breakfast and dinner.

blood glucose test strips Strips

Commonly known as: ONE TOUCH ULTRA TEST
Use as directed.

ceFAZolin Inj

Commonly known as: ANCEF, KEFZOL



12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

2,000 mg by Intravenous route every 8 hours

famotidine 20mg Tab

Commonly known as: PEPCID

Take 1 Tab by mouth twice daily WHILE ON HIGH-DOSE IBUPROFEN to protect your stomach

gliPIZide 10mg Tab

Commonly known as: GLUCOTROL

Take 1 Tab by mouth twice daily 30 minutes before breakfast and dinner

HYDROcodone/acetaminophen 10mg/325mg Tab

Commonly known as: NORCO 10

Take 1-2 Tabs by mouth every 4 hours as needed for Pain

Replaces: **HYDROcodone/acetaminophen 5mg/325mg Tab**

lactobacillus Cap

Take 1 Cap by mouth twice daily While on antibiotics, and for an additional week thereafter

ONE TOUCH ULTRASOFT LANCETS

Check glucose twice daily.

CHANGE how you take these medications

ibuprofen 600mg Tab

Commonly known as: MOTRIN

Take 1 Tab by mouth three times daily with food

What changed:

- medication strength
- when to take this
- reasons to take this

STOP taking these medications

clindamycin 300mg Cap

Commonly known as: CLEOCIN

HYDROcodone/acetaminophen 5mg/325mg Tab

Commonly known as: NORCO 5

Replaced by: **HYDROcodone/acetaminophen 10mg/325mg Tab**

Where to Get Your Medications

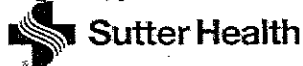
These medications were sent to CVS/pharmacy 2700 Yulupa Ave, Santa Rosa CA
#9948 - Santa Rosa, CA - 2700 Yulupa Ave 95405

Phone: 707-545-7500

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Page 29

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

- blood glucose monitoring system w/Device Kit
- blood glucose test strips Strips
- famotidine 20mg Tab
- gliPIZide 10mg Tab
- HYDROcodone/acetaminophen 10mg/325mg Tab
- ibuprofen 600mg Tab
- lactobacillus Cap
- ONE TOUCH ULTRASOFT LANCETS

You can get these medications from any pharmacy
Bring a paper prescription for each of these medications

- ceFAZolin Inj

Review of the patient's allergies finds:
Metformin (Severe GI upset)

IMMUNIZATIONS:

There is no immunization history for the selected administration types on file for this patient.

PHYSICAL EXAM:

BP 130/75 | Pulse 107 | Temp (Src) 98.2 °F (36.8 °C) (Oral) | Resp 20 | Ht 1.803 m (5' 11") | Wt 79.2 kg (174 lb 9.7 oz)
| SpO2 99%

General: No acute distress.

Heart: tachycardic but regular; no murmurs

Lungs: No resp distress. Lungs clear to auscultation bilaterally

Abdomen: Soft, nontender, nondistended.

Extremities: No LE edema

DISPOSITION:home with home health

ACTIVITY: NWB RLE (crutches). Work excuse letter provided for the first 2 weeks after discharge. PCP or Dr. Bennett to provide work excuse documentation thereafter.

DIET: Juven Orange - Supplement Lunch-Dinner; Nursing can replace this supplement order using contingency order mode to change the flavor of the supplement after ensuring no allergic contraindications; Supplement Quantity: 1

Diet Regular; Carbohydrate Control - 60 g/meal (standard)

CODE STATUS FULL

DISCHARGE WEIGHT: Wt Readings from Last 1 Encounters:

12/05/17 : 79.2 kg (174 lb 9.7 oz)

DISCHARGE CONDITION: Stable

FOLLOW-UP INSTRUCTIONS:

Follow-up with these providers

Bennett, Frederick S, MD
Specialty: Orthopedic Surgery

1405 MONTGOMERY DR
SANTA ROSA CA 95405-4557
Phone: 707-546-1922

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Page 30

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

Patient Directions: Schedule an appointment as soon as possible for a visit in 1 week(s)

Carroll, William, MD

3536 MENDOCINO AVE

Specialty: Internal Medicine

SANTA ROSA CA 95403

Relationship: PCP - General

Phone: 707-546-2180

Patient Directions: Schedule an appointment as soon as possible for a visit in 10 day(s)

Instructions: To discuss your diabetes, to check your heart rate, and to help with providing documentation for sick leave from work. Bring a log of your blood sugars from home.

Greater than 30 min were used to facilitate and organize this discharge including evaluation, examination, and addressing discharge related questions the patient (and family) had.

Electronically signed by:

Ann Katz Press, MD
Hospitalist

Note: Portions of this report may have been transcribed using voice recognition software. Every effort was made to ensure accuracy; however, inadvertent computerized transcription errors may be present.

Electronically signed by Press, Ann Katz, MD at 12/10/17 1244

ED Provider Notes

O'Connell, Dennis E, PA at 12/4/2017 5:43 PM

Procedure Orders

1. Arthrocentesis [839579506] ordered by O'Connell, Dennis E, PA at 12/04/17 1759

Dr. Miranda was the supervising physician for the Resident, Physician Assistant or Nurse Practitioner for this patient encounter.

Arrival Date/Time: 12/4/17 1353

Roomed Date/Time: 12/4/2017 1404

The Decision to Admit was made at: 12/04/17 1824

EMERGENCY DEPARTMENT NOTE

PCP: No primary care provider on file.

HISTORY:

CHIEF COMPLAINT:

Patient presents with:

Follow up: Pt seen on 12/1 and diagnosed cellulitis of right leg. Pt currently taking Clindamycin. States swelling and

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Page 31



12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

pain persist.

HISTORY:

Infection of right lower extremity

48-year-old male returns emergency Department due to positive blood cultures which were drawn at his last visit here on 12/1/2017. The patient was treated for cellulitis of the right leg and prescribed clindamycin. Both blood cultures grew staph aureus so the patient was called today and has returned. He complains of pain in the right knee and right leg for about one week. Pain is worse with bending and straightening his knee and he is unable to walk due to the pain. He is using crutches. He reports some improvement with Norco and clindamycin. He reports continued malaise and chills in the morning. Patient reports a past history of diabetes which improved with weight loss and is not currently taking medication. He denies previous right knee surgery. He denies recent wound or knee injury. He denies injection drug use. Patient works as a retail store manager. He has been missing work due to his current condition.

Patient is a 48 year old male. The history is provided by the patient and medical records. Patient presents with:

ROS:

Review of Systems

Constitutional: Positive for chills. Negative for fever.

HENT: Negative for congestion and sore throat.

Respiratory: Negative for cough and shortness of breath.

Cardiovascular: Positive for leg swelling. Negative for chest pain.

Gastrointestinal: Negative for diarrhea and vomiting.

Endocrine: Negative for polyuria.

Genitourinary: Negative for difficulty urinating and dysuria.

Musculoskeletal: Positive for back pain.

Skin: Positive for color change. Negative for wound.

Neurological: Negative for numbness.

Psychiatric/Behavioral: Negative for confusion.

All other systems reviewed and are negative.

ACTIVE PROBLEM LIST:

Patient Active Problem List:

Septicemia (HCC)

PAST MEDICAL HISTORY:

Medical History

No past medical history on file.

PAST SURGICAL HISTORY:

No past surgical history on file.

12/04/2017 - ED to Hosp-Admission (Discharged) In Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

NEGATIVE PAST HISTORY

No past medical history pertinent negatives.

No past surgical history pertinent negatives on file.

MEDICATION:

Outpatient Prescriptions Marked as Taking for the 12/4/17 encounter (Hospital Encounter):

- clindamycin (CLEOCIN) 300mg Cap, Take 1 Cap by mouth four times daily for 10 days
- HYDROcodone/acetaminophen (NORCO 5) 5mg/325mg Tab, Take 1 Tab by mouth every 6 hours as needed
- IBUPROFEN PO, Take 600 mg by mouth

ALLERGIES:

Review of the patient's allergies finds:

Metformin

SOCIAL HISTORY:

Social History

Socioeconomic

Marital Status: Single

FAMILY HISTORY:

No family history on file.

PHYSICAL EXAM:

ED Triage Vitals [12/04/17 1400]

BP: 124/75

Pulse: 119

Heart Rate (monitor): n/a

Respiratory Rate: 16

Temp: 37.6 °C (99.6 °F)

Temp Source: Oral

Weight: 72.6 kg (160 lb 0.9 oz)

Height: n/a

SpO2: 98 %

O2 Device: room air

Flow (L/min): n/a

Pulse Ox/SpO2: on room air is adequate

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. He appears ill. He appears distressed (**Mild-to-moderate painful**).

HENT:

Mouth/Throat: Oropharynx is clear and moist. No oropharyngeal exudate.

Eyes: Conjunctivae are normal. No scleral icterus.

Neck: Neck supple.

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Page 33



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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

Cardiovascular: Tachycardia present.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side.

Posterior tibial pulses are 2+ on the right side.

Pulmonary/Chest: Effort normal and breath sounds normal.

Abd/GI: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness.

Musculoskeletal:

Right shoulder: He exhibits decreased range of motion, tenderness and swelling.

Neurological: He is alert and oriented to person, place, and time. He has normal strength. No sensory deficit.

Skin: There is erythema.

Faint erythema and tenderness posterior upper leg, without abscess

ED COURSE/MDM

ED MEDICATIONS ADMINISTERED:

ED Medication Administration from 12/04/2017 1353 to 12/04/2017 1848

Date/Time	Order	Dose	Route	Action	Action by
12/04/2017 1606	NaCl 0.9% (FOR BOLUS ONLY) IV Soln	1,000 mL	Intravenous	New	Stipanov, L
12/04/2017 1530	lidocaine PF (XYLOCAINE MPF) 1% Inj 100 mg	100 mg	Infiltration	Given By Other	Frost, J
12/04/2017 1630	HYDROMORPHONE (DILAUDID) Inj 0.5 mg	0.5 mg	Intravenous	Given	Frost, J
12/04/2017 1730	HYDROMORPHONE (DILAUDID) Inj 0.5 mg	0 mg	Intravenous	Dose Held	Frost, J
12/04/2017 1822	vancomycin 1,500mg in 0.9% NaCl 500mL IVPB (premix)	1,500 mg	Intravenous	New	Frost, J
12/04/2017 1807	piperacillin/tazobactam (ZOSYN) 4.5g in 0.9% NaCl 100mL IVPB (minibag)	4.5 g	Intravenous	New	Frost, J
12/04/2017 1822	piperacillin/tazobactam (ZOSYN) 4.5g in 0.9% NaCl 100mL IVPB (minibag)	0 g	Intravenous	Stopped - Completed	Frost, J
12/04/2017 1821	HYDROcodone/acetaminophen (NORCO 5) 5mg/325mg 1 Tab	1 Tab	Oral	Given	Frost, J

ED PROVIDER INTERPRETATION OF DATA (RAD,EKG,LAB):

EKG Interpretation:

Radiology Interpretation:

Lab Interpretation:

See below

PROCEDURES:

Arthrocentesis

Date/Time: 12/4/2017 5:59 PM

Procedure Consent: Verbal consent for procedure obtained.

Risks and benefits: risks, benefits and alternatives were discussed

Consent given by: patient

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

Indications: **possible septic joint**

Body area: knee

Joint: right knee

Anesthesia: **local infiltration** (Betadine prep)

Anesthesia:

Local Anesthetic: **lidocaine 1% without epinephrine**

Preparation: **Patient was prepped and draped in the usual sterile fashion.**

Needle size: **18**

Approach: **lateral**

Aspirate: **blood-tinged and purulent**

Aspirate amount: **15 mL**

Patient tolerance: **Patient tolerated the procedure well with no immediate complications**

ED COURSE:

stable

MDM:

MDM

Number of Diagnoses or Management Options

Septic arthritis of knee, right (HCC):

Septicemia (HCC):

Diagnosis management comments: The patient is admitted for further evaluation and treatment of septicemia, probably secondary to septic right knee.

Amount and/or Complexity of Data Reviewed

Clinical lab tests: ordered and reviewed

Tests in the radiology section of CPT®: ordered and reviewed

Discuss the patient with other providers: yes (I discussed patient with supervising physician who also examined patient.

I consulted hospitalist Dr. Altaf who accepts patient for admission.

I consulted orthopedist, Dr. Bennet who will evaluate patient

)

Independent visualization of images, tracings, or specimens: yes (EKG Interpretation:

Time: 1555

Rate: 102

Rhythm: sinus tachycardia

PR/QRS/QT intervals: wnl

ST segment deviation: no st elevation or depression

Contemporary interpretation by ED physician.

no old EKG is available for comparison

)

Patient Progress

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Page 35



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MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

Patient progress: stable (Patient was treated with IV fluids, Dilaudid, Norco Zosyn, vancomycin. He had improvement in pain and tachycardia.)

DIAGNOSIS AND DISPOSITION:

ED DIAGNOSIS:

Final diagnoses:

[A41.9] Septicemia (HCC)

[M00.9] Septic arthritis of knee, right (HCC)

DECISION TO ADMIT TIME (if admitted):

1815

DISPOSITION:

Admit to hospital

DISCHARGE PRESCRIPTIONS:

Discharge Prescriptions

No new prescriptions.

DIAGNOSTIC REPORTS:

Results for orders placed or performed during the hospital encounter of 12/04/17

-XR CHEST 2 VIEWS PA LATERAL

Narrative

COMPARISON: None.

INDICATIONS: SIRS

FINDINGS:

CARDIAC SILHOUETTE: Normal.

PULMONARY VASCULATURE: Normal.

LUNGS: Normal.

PLEURA: Normal.

MEDIASTINUM/HILA: Normal.

BONES: Normal.

EXTRINSIC LINES/HARDWARE: None.

OTHER: None.



12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

CONCLUSION: Negative acute.

Interpreted by: Scott Booth 12/4/2017 3:53 PM

Signed by: Scott Booth 12/4/2017 3:53 PM

-XR KNEE 3 VIEWS RIGHT

Narrative

COMPARISON: None.

INDICATIONS: Pain

FINDINGS:

BONES: Normal.

JOINTS: Normal.

SOFT TISSUES: Vascular calcifications.

OTHER: None.

CONCLUSION: Negative acute.

Interpreted by: Scott Booth 12/4/2017 3:53 PM

Signed by: Scott Booth 12/4/2017 3:53 PM

-EKG

Result	Value	Ref Range
Ventricular Rate	102	BPM
Atrial Rate	102	BPM
P-R Interval	128	ms
QRS Duration	88	ms
Q-T Interval	350	ms
QTC Calculation(Bezet)	456	ms
P Axis	4	degrees
R Axis	48	degrees
T Axis	22	degrees
Diagnosis	Sinus tachycardia	
Diagnosis	Otherwise normal	
Diagnosis	ECG	
Diagnosis	No previous ECGs	
Diagnosis	available	

-COMPREHENSIVE METABOLIC PANEL W GFR

Result	Value	Ref Range
Sodium	133 (L)	136 - 145 mmol/L
Potassium	3.2 (L)	3.5 - 5.1 mmol/L

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Page 37



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
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Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

Chloride	91 (L)	95 - 111 mmol/L
CO2 (Bicarbonate)	33 (H)	21 - 32 mmol/L
Anion Gap	12.2	6 - 16 mmol/L
Glucose	254 (H)	70 - 99 mg/dL
BUN	9	0 - 18 mg/dL
Creatinine	0.87	0.50 - 1.30 mg/dL
GFR Est-Other	102	>60 See Cmmt
GFR Est-African American	118	>60 See Cmmt
Calcium	9.2	8.5 - 10.1 mg/dL
Total Protein	8.4 (H)	6.4 - 8.2 g/dL
Albumin	2.4 (L)	3.2 - 4.7 g/dL
Total Bilirubin	0.9	0.0 - 1.0 mg/dL
Alkaline Phosphatase	139 (H)	26 - 137 U/L
AST	25	0 - 37 U/L
ALT	27	0 - 60 U/L

-LACTIC ACID, PLASMA

Result	Value	Ref Range
Lactate, WB	1.1	0.4 - 2.0 mmol/L

-CBC WITH AUTOMATED DIFFERENTIAL

Result	Value	Ref Range
White Blood Cell Count	13.9 (H)	4.0 - 11.0 K/uL
Red Blood Cell Count	4.60	4.40 - 6.00 M/uL
Hemoglobin	12.5 (L)	13.5 - 18.0 g/dL
Hematocrit	36.6 (L)	40.0 - 52.0 %
MCV	80	80 - 100 fL
MCH	27.2	27.0 - 33.0 pg
MCHC	34.2	31.0 - 36.0 g/dL
RDW	13.1	<16.4 %
Platelet Count	406 (H)	150 - 400 K/uL
Differential Type	Automated	
Neutrophil %	80 (H)	49.0 - 74.0 %
Lymphocyte %	11 (L)	26.0 - 46.0 %
Monocyte %	9	2.0 - 12.0 %
Eosinophil %	0	0.0 - 5.0 %
Basophil %	0	0.0 - 2.0 %
Abs. Neutrophil	11.0 (H)	2.0 - 8.0 K/uL
Abs. Lymphocyte	1.5	1.0 - 5.1 K/uL
Abs. Monocyte	1.3 (H)	0.0 - 0.8 K/uL
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL
Abs. Basophil	0.0	0.0 - 0.2 K/uL

-CELL COUNT, FLUID

Result	Value	Ref Range
Fluid Type	RIGHT KNEE	

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**12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)**

Pertinent Packet Notes (continued)

	JOINT FLUID	
Fluid Appearance	CLOUDY	
Fluid WBCs	156,738	/cumm
Fluid RBCs	10,000	/cumm
Fluid PMNs	93	%
Fluid Lymphocytes	5	%
Fluid Monocytes	2	%
Fluid Eosinophils	0	%

-CRYSTAL EXAMINATION, FLUID, SYNOVIAL

Result	Value	Ref Range
Site	RIGHT KNEE FLUID	
Synovial Fluid	NO CRYSTALS	
Crystals	PRESENT	

-PROTHROMBIN TIME/INR

Result	Value	Ref Range
Prothrombin Time	14.0	12.0 - 14.5 sec
INR	1.1	0.9 - 1.2

-PARTIAL THROMBOPLASTIN TIME

Result	Value	Ref Range
PTT	37.3 (H)	24 - 35 sec

-URINALYSIS & CULT IF INDICATED

Result	Value	Ref Range
Urine Color	Yellow	
Urine Appearance	Clear	
Urine Specific Gravity	1.010	1.000 - 1.030
Urine pH	8.0 (H)	5.0 - 7.0
Urine Leukocyte Esterase	Neg	Neg
Urine Nitrites	Neg	Neg
Urine Protein	Trace (A)	Neg
Urine Glucose	500 (A)	Neg
Urine Ketones	Neg	Neg
Urine Urobilinogen	1.0	0.1 - 1.0 EU/dL
Urine Bilirubin	Neg	Neg
Urine Blood	Neg	Neg

Electronically signed by O'Connell, Dennis E, PA at 12/04/17 1850
Electronically signed by Miranda, Jose Rene, MD at 12/04/17 2127

H&P

Lamb, Kenneth C, MD at 12/5/2017 12:14 AM

CRITICAL CARE ADMISSION

PATIENT: Enrique Galvez IV

MRN: 62050112

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

DOB: 11/27/1969
Admit Date: 12/4/2017

CLINICAL SETTING:

The patient is admitted from recovery after arthroscopic synovectomy of the R knee and I and D of R leg. Dead fascia was encountered.

HISTORY OF PRESENT ILLNESS:

The patient was seen in the ER on 12.1 with apparent cellulitis in the R leg. He was given norco and clindamycin. Blood cultures became positive for MSSA. He was called back to the ER, was seen by Dr Bennet recommended surgical intervention based on his findings. The patient was taken to OR and found to have septic arthritis of the R knee and a R leg abscess.

The patient normally is followed by Dr Carrol recently but was formerly Kaiser. He has history of diabetic retinopathy and did not want to take insulin.

PAST MEDICAL HISTORY:

Medical History

Diagnosis	Date	Comment	Source
Diabetes mellitus (HCC)			Provider
Diabetic retinopathy (HCC)			Provider
Sleep apnea			Provider

PAST SURGICAL HISTORY:

Past Surgical History:

Procedure: HX UVULOPALATOPHARYNGOPLASTY (UPPP) Laterality: Date:

FAMILY HISTORY:

History reviewed. No pertinent family history.

SOCIAL HISTORY:

Social History

Social History

- Marital status: Single
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History

- Not on file.

Social History Main Topics

- Smoking status: Current Some Day Smoker
- Types: Cigars
- Smokeless tobacco: Never Used
- Alcohol use: 1.0 oz/week
- 1 Glasses of wine per week
- Drug use: No

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

- Sexual activity: Not on file

Other Topics

- Not on file

Concern

Social History Narrative

Clark shoe store manager

ALLERGIES:

Review of the patient's allergies finds:

Metformin (Severe GI upset)

MEDICATIONS:

Prior to Admission Medications

Prescriptions	Last Dose	Informant	Patient Reported?	Taking?
HYDROcodone/acetaminophen (NORCO 5) 5mg/325mg Tab	12/4/2017 at Unknown time		No	Yes
Sig: Take 1 Tab by mouth every 6 hours as needed				
IBUPROFEN PO	12/4/2017 at Unknown time		Yes	Yes
Sig: Take 600 mg by mouth every 6 hours as needed for Pain				
clindamycin (CLEOCIN) 300mg Cap	12/4/2017 at Unknown time		No	Yes
Sig: Take 1 Cap by mouth four times daily for 10 days				

Facility-Administered Medications: None

clindamycin 900 mg Q8HR
HYDROmorphone 0.5 mg ONCE

lactated ringers

REVIEW OF SYSTEMS:

The patient denies problems on systems review, other than noted in hpi.

PHYSICAL EXAM:

VITAL SIGNS: BP 131/78 | Pulse 110 | Temp (Src) 98.4 °F (36.9 °C) (Temp Artery) | Resp 18 | Ht 1.803 m (5' 11") | Wt 72.6 kg (160 lb 0.9 oz) | SpO2 98%
BP Min: 122/74 Max: 153/89
Temp Avg: 98.9 °F (37.2 °C) Min: 98.4 °F (36.9 °C) Max: 99.6 °F (37.6 °C)
Pulse Avg: 106 Min: 88 Max: 122
Resp Avg: 17.2 Min: 14 Max: 23
SpO2 Avg: 97.8 % Min: 95 % Max: 100 %
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Page 41

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

GENERAL: No acute distress,
 NECK: No JVD,
 LUNGS: good inspiratory effort and clear bilaterally,
 HEART: Irregular rhythm, Radial pulse: 2+
 ABDOMEN: Soft, Non-distended and Normal bowel sounds,
 EXTREMITIES: no edema, Post op rle
 NEURO: Awake, Alert and Grossly non-focal
 SKIN: Intact except surgical site Capillary refill: brisk Skin color/perfusion: tan, cool

LABS:

Recent Labs

Lab	12/04/17 1601
WBC	13.9 H
HGB	12.5 L
HCT	36.6 L
PLT	406 H
INR	1.1
PTT	37.3 H
NA	133 L
K	3.2 L
CL	91 L
CO2	33 H
BUN	9
CREATININE	0.87
GLU	254 H
CA	9.2
TBILI	0.9
AST	25
ALT	27
ALP	139 H
ALB	2.4 L
LACTATE	1.1

MICRO:

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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

Status: Edited Result - FINAL (Collected: 12/1/2017 13:40) .50 12/02/17 by RI/MN. RB TT.

Specimen Source

Type: Blood

Other

RAC

PACIFIC LAB

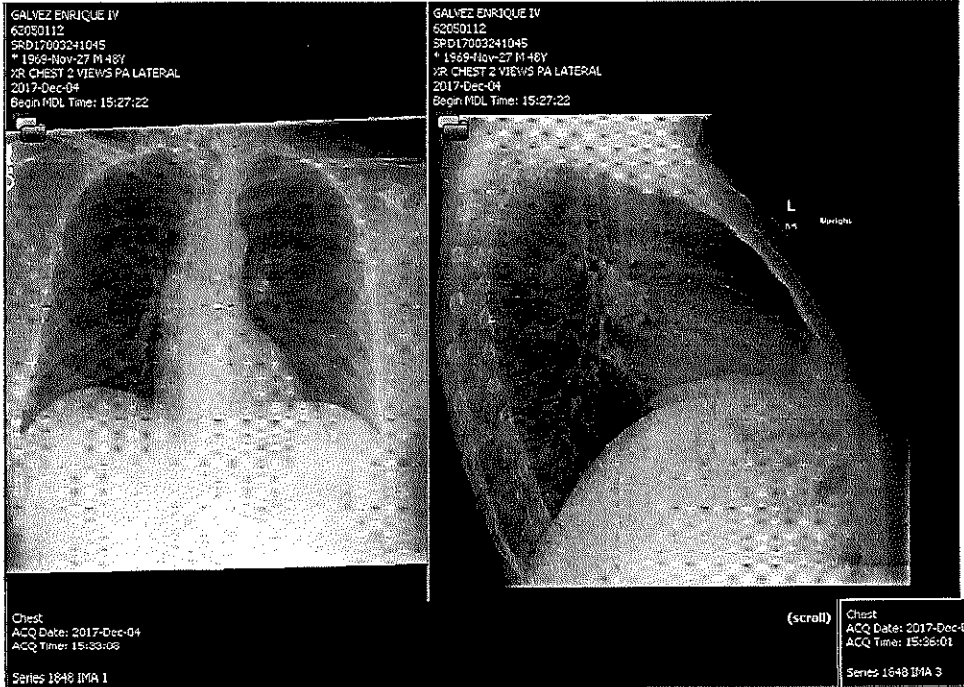
R SANTA ROSA REGIONAL HOSPITAL

12/4/2017 1:11 PM - Ifc, Ehr Wb Ip Sq Lab Results In

Susceptibility

Clindamycin	<=0.5	Sensitive
Erythromycin	<=0.5	Sensitive
Gentamicin	<=2	Sensitive
Levofloxacin	<=0.5	Sensitive
Oxacillin	0.5	Sensitive
Penicillin		Resistant
Rifampin	<=0.5	Sensitive
Tetracycline	<=0.5	Sensitive
Trimethoprim/Sulfa	<=1/19	Sensitive
Vancomycin	1	Sensitive

IMAGING:



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Page 43

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

ADDITIONAL STUDIES:

EKG:

GALVEZ, ENRIQUE

ID:62050112

04-DEC-2017 15:55:42

SSRR

37-NOV-1969 (48 yr)
Male Caucasian
Room:EDFA-
Loc:1500

Heart rate
PR interval
QRS duration
QT/QTc
P-R-T axes

102
138
88
350/456
4 -48

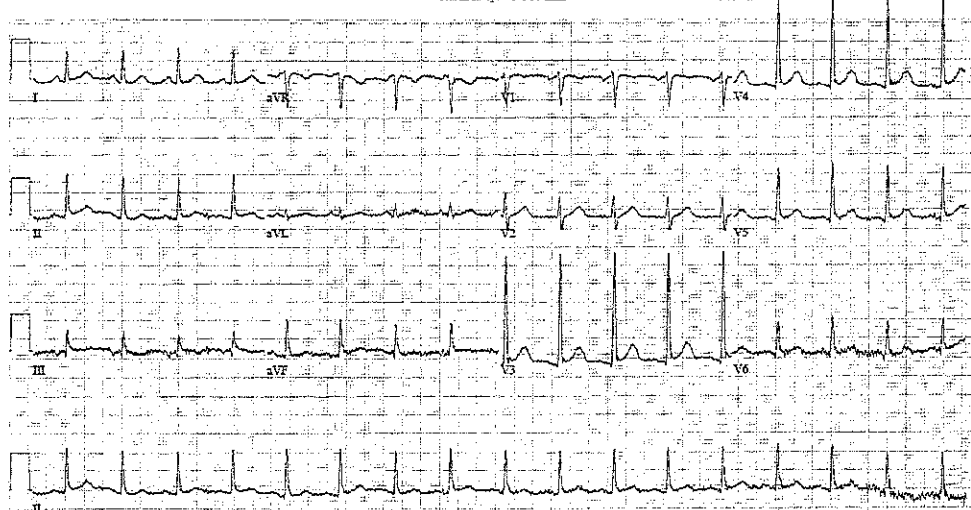
BPM
ms
ms
ms
ms

Sinus tachycardia
Otherwise normal ECG
No previous ECGs available

Technician: RMJ
Test id:

Referred by: O'CONNELL

Unconfirmed



ASSESSMENT:

Active Problems:

- Septicemia (HCC)
- Staphylococcal arthritis of right knee (HCC)
- Abscess of right lower leg
- Type 2 diabetes mellitus with ophthalmic complication (HCC)
- Necrotizing fasciitis (HCC)
- S/P excisional debridement
- Overview: 12.4.17 arthroscopic synovectomy of the R knee and I and D of R leg

PLAN:

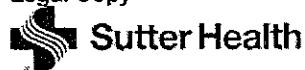
- Antibiotics for staph
- ID consultation
- Surgical followup debridement as needed
- Glucose control
- DVT chemoprophylaxis - Heparin
- Stress ulcer prophylaxis - Not applicable
- Mobility - Walking
- Daily interruption of sedation - Not applicable

Code status: FULL

Goals of Care: icu pending resolution of acute problem

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Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

Total critical care time spent exclusive of any procedures was 60 min.

Kenneth C Lamb, MD FCCP
Pulmonary / Critical Care Medicine
Sutter Santa Rosa Regional Hospital
Pager 707-491-1800

Electronically signed by Lamb, Kenneth C, MD at 12/05/17 0134

Altaf, Mujeeb, MD at 12/4/2017 9:05 PM

Location: Santa Rosa
PATIENT NAME: Enrique Galvez
MRN: 62050112
Account: 892621519
DOB: 11/27/1969
Visit Start Date: 12/04/2017
Service Date: 12/04/2017
Author: Mujeeb Altaf, MD

History and Physical

IDENTIFICATION: This is a 48-year-old male.

PRIMARY CARE DOCTOR: The patient's primary care doctor is William Carroll, MD, in Healdsburg.

CHIEF COMPLAINT: "I thought I was having sciatic pain in the right leg."

HISTORY OF PRESENTING ILLNESS: This is a delightful 48-year-old male who had a history of prediabetes, but about a couple of years back he lost about 80 pounds of weight. He dropped from 240s-160s and afterwards he stopped taking his glipizide, which was dropping his glucose into the low 80s and he was not tolerant of metformin. He takes no other medications. He had been doing well himself. He works as a store manager. About a couple of weeks ago, he says he was working a lot and he started having pain in the right leg. He self-diagnosed himself with sciatica because he has had sciatica before although he never had really back pain, but he had pain in the front of the leg going towards his kneecap. He was seen in the ER on this past Friday because of the right leg pain and he was evaluated with blood cultures, which came positive. He was asked to come into the hospital today because of positive blood cultures. The patient states that in the interim for the last 1 week he had noticed that his right knee got swollen. Right leg was hard

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Page 45

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

and firm starting from the thigh, knee, to the lower leg in the back. He cannot recall any injury, trauma. He had some subjective chills and sweats. He got a little confused. He thinks over the weekend when he was having difficulty in calculating stuff he got a little lightheaded, but never passed out. He had no runny nose, postnasal drip. He had no chest pain, shortness of breath. No cough or phlegm. He denies nausea, vomiting. He had poor appetite, but no diarrhea, constipation. No trouble urinating, burning of the urine, or increased frequency of the urine. The patient had been here on the 12/01. He had a couple of sets of blood cultures drawn both of which were growing methicillin-sensitive Staph aureus. He was asked to come back to the hospital.

PAST MEDICAL HISTORY: Notable for history of prediabetes.

Previous surgeries were for deviated nasal septum.

SOCIAL HISTORY: Denies being a smoker. Very seldom uses alcohol. No use of recreational drugs at baseline. He is otherwise active, independent for activities of daily living. He works as a store manager.

FAMILY HISTORY: Reviewed. Denies premature coronary artery disease, strokes, cancers.

REVIEW OF SYSTEMS: A 12-point review of the system was done. Essentially other than what is recorded in HPI, all other systems were reviewed and were negative.

HOME MEDICATIONS: Currently none.

On 12/01/2017 he was discharged home on clindamycin 300 q.i.d. and Norco 5/325 q.6 h. p.r.n.

ALLERGIES: Listed to metformin.

PHYSICAL EXAMINATION: A very pleasant gentleman, fully alert, awake, oriented x3, in mild pain due to his right knee pain.

Temp 99.6, heart rate 92, respiratory rate 16, blood pressure 134/74, sats are 100% on room air.

HEENT: Normocephalic, atraumatic head. Eye movements are intact. Oral mucosa is moist.

NECK: Supple. No cervical lymphadenopathy, thyromegaly, jugular venous distention.

CARDIOVASCULAR: Normal first and second heart sounds. No murmurs, rubs, or gallops could be appreciated.

CHEST: Midline trachea. Vesicular breath sounds. Equal air entry bilaterally. No adventitious sounds.

ABDOMEN: Soft, nontender, without organomegaly, masses, guarding, tenderness, or rigidity. Bowel sounds present.

LOWER EXTREMITIES: The patient's right knee appears to be swollen with slight



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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

warmth, no erythema. He has got skin induration and warmth in the right calf area, which is tender to palpation. No crepitus is appreciated. He has got 2+ pedal edema as well. He has no signs of ascending lymphangitis. No crepitation in the leg. He has got pain on right knee movement. His left lower extremity appears to be completely normal.

SKIN: Without any ecchymosis, bruises, or rashes.

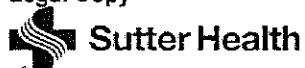
MUSCULOSKELETAL: He is otherwise well built.

INVESTIGATIONS: The patient's lab data, the patient's white cell count was elevated to 21.5, on 12/01/2017. It is down to 13.9 currently. H and H 12.5 and 36.6, platelets of 406,000. The patient's sodium is 136, potassium low at 3.2, chloride 91, bicarb 33, BUN and creatinine is 9 and 0.87. Alk phos is 139, AST is 25, ALT is 27, lactic acid level 1.1, glucose elevated to 254, which was 347 on 12/01/2017. PT/INR is in the normal range 14 and 1.1, PTT is 37.3. UA of the patient is negative urine. Blood cultures x2 from 12/01/2017 both showing methicillin-sensitive Staph aureus. He has had a right knee arthrocentesis done in the ER. Apparently the appearance was turbid. The patient's crystal examination and cell count at the time of dictation is pending. The patient's white cell count was 156,738, RBCs were 10,000, 93% neutrophils. Recently, when seen in the ER, the patient's lower extremity ultrasound on 12/01/2017 was negative for DVT. Subcutaneous edema of the calf was visualized on the right side. His x-ray of the knees done, has been read as no acute abnormalities. Chest x-ray on the patient was negative as well.

ASSESSMENT AND PLAN: A 48-year-old male presenting with:

1. Methicillin-sensitive Staph aureus bacteremia and sepsis, bacteremia secondary to #2 presenting with #1 methicillin-sensitive Staph aureus bacteremia.
2. Septic right knee with evidence of cellulitis in the right calf as well.
3. Uncontrolled type 2 diabetes mellitus with prior history of prediabetes, not on any medications.
4. Mild hypokalemia.

DISCUSSION: The patient will be admitted to the Hospitalist Service. Reviewing the patient's medical records indicate during the patient's recent ER notes from the 12/01/2017 it appears the patient had presented with significant right leg pain and swelling and apparently had been using crutches as well. He had a significant leukocytosis that day. He had swelling in the calf as well. His ultrasound was negative. The patient was discharged home on clindamycin and Norco. He was asked to return back today because his blood cultures grew methicillin-sensitive Staph aureus organisms. He appears to be septic, to have acute cellulitis and septic arthritis of the right knee, which may be the source of his bacteremia. He has no history of recreational drug use. He cannot recall any injuries or trauma. The patient will be started on cefazolin 2 g IV q.8. I have asked ER physician assistant to consult Orthopedics for a washout of the right knee, which is indicated in him. He is clinically nontoxic appearing otherwise. He has had repeat blood cultures done which will be closely followed. Once his cultures are deemed



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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

to be negative, a PICC line can be inserted. He will likely require IV antibiotics for 6 weeks. At least his x-ray was negative. His electrolytes will be repleted. As regards to his diabetes, he apparently will check HbA1c and likely will require to be put on sliding scale insulin for now and oral hypoglycemic agents. He is also uncontrolled diabetic. He will be put on a sliding scale insulin. We can start oral hypoglycemic agents. He may need insulin if his glycated A1c comes back too elevated. I will wait for the glycated A1c results. His clinical condition is otherwise fair. Code status full. Further workup per his clinical course.

DD: 12/04/2017 19:17:08; DT: 12/04/2017 23:15:48; Job#: 5591402

Doc#IM23099248

Transcriptionist: nc/vsp/vd/f

CC: WILLIAM CARROLL, MD, Fax: 707-546-2188

Electronically signed by Altaf, Mujeeb, MD at 12/06/17 0036

Bennett, Frederick S, MD at 12/4/2017 8:01 PM

COMPREHENSIVE H&P NOTE

CHIEF COMPLAINT:

Enrique Galvez IV is an 48 year old male who presents with a history of R leg + knee pain.

HISTORY OF PRESENT ILLNESS: spontaneous onset 5 days ago. 157,000 WBC in synovial fluid.

REVIEW OF SYSTEMS: chills

PHYSICAL EXAM:

Patient Vitals for the past 24 hrs:

	BP	Temp	Temp src	Pulse	Resp	SpO2	Height	Weight
12/04/17 1900	-	-	-	-	-	-	1.803 m (5' 11")	-
12/04/17 1631	134/74	99 °F (37.2 °C)	-	92	-	100 %	-	-
12/04/17 1617	122/74	-	-	101	-	-	-	-
12/04/17 1400	124/75	99.6 °F (37.6 °C)	Oral	119	16	98 %	-	72.6 kg (160 lb 0.9 oz)

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Page 48

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**12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)**

Pertinent Packet Notes (continued)

CARDIOVASCULAR: regular rate and rhythm
MUSCULOSKELETAL: + swelling, knee effusion, leg induration

DATA REVIEWED: WBC 13.9

ASSESSMENT/PLAN:

I+D

Frederick S Bennett, MD

Electronically signed by Bennett, Frederick S, MD at 12/04/17 2006

Immediate Post Op Note

Bennett, Frederick S, MD at 12/4/2017 10:36 PM

BRIEF OPERATIVE NOTE

PATIENT: Enrique Galvez IV SURGERY DATE: 12/4/2017
MRN: 62050112 SURGEON: Surgeon(s):
Bennett, Frederick S, MD
DOB: 11/27/1969 ASSISTANT SURGEON:

PRE-PROCEDURE DIAGNOSIS:

SepticR knee
R leg abscess

POST PROCEDURE DIAGNOSIS:

same

PROCEDURE(S) PERFORMED:

Arthroscopic synovectomy R knee
I+D R leg

ANESTHESIA TYPE: General

FINDING(S):

Dead fascia

COMPLICATIONS:

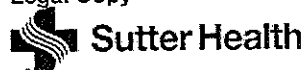
none

BLOOD LOSS:

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Page 49

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SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Pertinent Packet Notes (continued)

100 ml

SPECIMEN(S) SENT TO PATHOLOGY? No

DRAINS:

Mult. HV's

DISPOSITION:

PACU - hemodynamically stable

CONDITIONS:

Stable

Frederick S Bennett, MD

Electronically signed by Bennett, Frederick S, MD at 12/04/17 2242

Operative Report

Bennett, Frederick S, MD at 12/5/2017 1:38 AM

Location: Santa Rosa
PATIENT NAME: Enrique Galvez
MRN: 62050112
Account: 892621519
DOB: 11/27/1969
Visit Start Date: 12/04/2017
Service Date: 12/04/2017
Author: Frederick S Bennett, MD

Operative Report

PREOPERATIVE DIAGNOSES:

1. Septic arthritis, right knee.
2. Right leg abscess.

POSTOPERATIVE DIAGNOSES:

1. Septic arthritis, right knee.
2. Right leg abscess.
3. Possible necrotizing fasciitis, right leg.

PROCEDURE:

1. Arthroscopic debridement and 3 compartment synovectomy, right knee.
2. Debridement of right leg.

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Page 50

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

SURGEON: Frederick S. Bennett, MD

PROCEDURE: The patient was given general anesthesia. Intravenous antibiotics had been administered. The area of induration on the posteromedial aspect of the right leg midway between the knee and ankle was repeatedly prepped with Chloraprep. An 18-gauge needle was inserted. Purulent material was aspirated. The patient was positioned for arthroscopic debridement and synovectomy of the right knee. The left lower extremity was held in flexion and abduction with Allen stirrups. A tourniquet was placed around the right thigh that was supported with arthroscopic leg holder. The right lower extremity was prepped and draped in the usual sterile fashion. The tourniquet was inflated to 300 mmHg. A superolateral outflow portal was created with a stab wound over the suprapatellar pouch. The outflow cannula was inserted. Approximately, 20 mL of grossly purulent fluid flowed from the cannula. Swabs were sent for culture and sensitivity testing. Inferolateral portal was created with stab wound towards the notch and an arthroscope was inserted. An inferomedial portal was established with a stab wound towards the notch and a 5 mm aggressive shaver was inserted beginning in the anterior compartment and suprapatellar pouch region. Inflamed synovium was resected with the shaver from the roof wall and floors of the suprapatellar pouch with the knee in flexion. The inflamed synovium in the notch was resected from the roof and walls of the notch and from the surfaces of the anterior and posterior cruciate ligaments, which were seen to be intact. Attention was directed medially and there were seen to be grade 2-3 changes in the medial tibial plateau and grade 1 changes of the medial femoral condyle. Meniscus appeared intact. The shaver was used to resect synovium from the medial meniscosynovial junction. Attention was directed laterally. In the lateral compartment, there were grade 2-3 changes of the tibial articular surface, fraying of the free edge of the meniscus and grade 1 changes of the femoral condyle. The shaver was used to resect synovium from the lateral meniscosynovial junction and lateral gutter. An 8-inch Hemovac drain was introduced through the superolateral outflow cannula. Instruments were withdrawn. The drain was sewn in place to the skin with two 2-0 nylon sutures to avoid inadvertent dislodgement. Arthroscopic portals were each closed with a single suture of 4-0 nylon. Attention was then directed to the leg abscess. An initial 6-8 cm incision was made posteromedially midway between the knee and ankle. Large amount of purulent fluid flowed from the wound. Swabs were sent for culture and sensitivity testing. Palpation indicated fluid collection both superficial and deep to the muscle fascia. The incision was extended proximally and distally following the area of dissection by the infectious process and the deep fascia was incised along the entire length of the posterior compartment. Fascia appears opacified and necrotic. The fascia was incised in entirety along with the walls of the abscess cavity against the underlying posterior compartment muscles and the subcutaneous fat. The extent of the infection and the amount of surrounding tissue excised necessitated resection of the saphenous vein and nerve. The stumps of the vein were clamped. Some necrotic muscle on the superficial surfaces of the gastrocnemius and soleus were excised. There was a small area of purulent fluid collection between the gastrocnemius and the soleus. All devitalized appearing tissue in the walls without fluid collection was

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Page 51



12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Pertinent Packet Notes (continued)

excised. The fascia over the deep posterior compartment appeared normal. The wound was copiously irrigated with 3 L of sterile saline solution containing bacitracin utilizing the pulse lavage. Midway through irrigation, the proximal and distal stumps of the saphenous vein were ligated with 2-0 Vicryl ties. The tourniquet was briefly deflated. Few small bleeders were controlled with electrocautery and the tourniquet was reinflated. Irrigation continued until 3 L had been utilized with the pulse lavage. Periodically, repeat inspection was made for any devitalized tissue and any identified was resected. The debridement was felt to be thorough enough to allow wound closure. Double-armed 8 inch Hemovac drain was placed in the wound with 1 arm anteriorly, 1 arm posteriorly and brought out through separate proximal stab incisions. Arms of the drain were sewn in place to the skin with two 2-0 nylon sutures to avoid inadvertent dislodgement. Skin was closed with interrupted vertical mattress sutures of 2-0 nylon alternating with surgical clips. Sterile compressive dressings were applied. Tourniquet was deflated after 85 minutes. The patient was transferred to Recovery Room in stable condition. There were no known complications. Estimated blood loss was 100 mL. Sponge and needle counts were correct.

DD: 12/04/2017 23:47:43; DT: 12/05/2017 04:39:44; Job#: 5591832
Doc#IM23101634
Transcriptionist: M/S

Electronically signed by Bennett, Frederick S, MD at 12/05/17 1733

Imaging

Completed

TRANSTHORACIC ECHO COMPLETE WITH DOPPLER [839734748] (Final result)

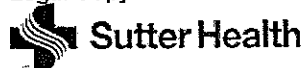
Transthoracic Echo Complete With Doppler [839734748]	Resulted: 12/06/17 1934, Result status: Final result
Ordering provider: Lamb, Kenneth C, MD 12/05/17 0601	Order status: Completed
Resulted by: Hunter, John, MD	Filed by: Ifc, Ehr Ip Radiant Basesixtyfour Orders And Results
	In 12/06/17 1934
Performed: 12/05/17 0708 - 12/05/17 0808	Accession number: SRK17003244802
Resulting lab: SUTTER HEALTH RADIOLOGY	
Narrative:	
Transthoracic Echocardiography Report (TTE)	

Demographics

Patient Name	GALVEZ ENRIQUE IV	Gender	Male
Patient Number	62050112	Room Number	2520
Accession Number	SRK17003244802	Date of Study	12/05/2017
Date of Birth	11/27/1969	Referring Physician	LAMB KENNETH C MD

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Page 52



SUTTER SANTA ROSA
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SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Imaging (continued)

Age 48 year(s) Ordering Physician

Cardiology Fellow

Nurse Performing Physician

Sonographer MCNULTY BERNARD Interpreting HUNTER JOHN MD
Physician

Conclusions

Summary

Technically difficult study.
Based on views available, within normal limits.

Signature

Electronically signed by HUNTER JOHN MD (Interpreting
physician) on 12/06/2017 at 07:34 PM

Procedure

Type of Study

TTE procedure: TRANSTHORACIC ECHO COMPLETE WITH DOPPLER.

Procedure Date

Date: 12/05/2017 Start: 07:40 AM

Admission Status: Inpatient

Study Location: Portable

Technical Quality: Limited visualization due to body habitus.

Indications: Sepsis.

Patient Status: Inpatient

Height: 71 inches Weight: 86 pounds BSA: 1.47 m² BMI: 11.99 kg/m²

Rhythm: Normal Sinus Rhythm HR: 90 bpm BP: 127/86 mmHg

Findings

Left Ventricle

The left ventricle is normal in size.
Global and regional LV systolic function are normal (LVEF est 60%).

Right Ventricle

Right ventricular diastolic volume, wall thickness, and systolic function are normal.

Left Atrium

The LA volume index is normal (17 ml/m²).

Right Atrium/IVC/SVC

The right atrial volume is normal. The IVC is normal in diameter with greater than 50% respiratory variation.

**12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)**

Imaging (continued)

Aortic Valve

The aortic valve is trileaflet. There is no evidence of aortic stenosis.
There is no evidence of aortic regurgitation.

Mitral Valve

The mitral leaflets appear normal. There is no mitral valve stenosis.
There is trace mitral regurgitation.

Tricuspid Valve

The tricuspid valve leaflets are morphologically normal. There is no tricuspid stenosis. There is trace tricuspid valve regurgitation.
Doppler envelope is incomplete.

Pulmonic Valve

The pulmonic valve appears normal. There is no pulmonic regurgitation.

Miscellaneous

The aortic root appears normal. The main pulmonary artery appears normal.

Pericardial Effusion

There is no evidence of pericardial effusion.

Pleural Effusion

There is no evidence of a pleural effusion.

Structures/M-Mode Measurements

Left Ventricular Structure

LVIDd: 2.91 cm
LVIDs: 2.12 cm
IVSDd: 0.96 cm
LVPWd: 0.9 cm

Area Systolic: 19 cm²
Area Diastolic: 32.3 cm²

LV Length: 8.81 cm
LV ED Volume: 96 ml
LV EDV Index: 65 ml/m²
EF Estimated: 60 %

LV ES Volume: 42 ml
LV ESV Index: 29 ml/m²

Left Ventricular Function

LVEF Calculated: 56.3 %
E' Lateral Velocity: 14.6 cm/s
E/A Ratio: 0.89
MV Decel Time: 187 msec
Pulm vein systolic velocity: 39.4 cm/s
Cardiac output: 5.34 l/min

FS: 27.2 %
E' Medial Velocity: 8.7 cm/s
E/Lat e': 5.8

Pulm vein diastolic velocity: 34.6 cm/s

Cardiac index (CI): 3.63 l/min*m²

Right Ventricle

Diastolic Dimension: 3.14 cm

RVOT VTI: 14.1 cm

Left Atrium

LA Dimension: 2.8 cm
LA/Aorta: 0.85
LA Volume/Index: 27 ml /18 m²

LA Area: 12.1 cm²



12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Imaging (continued)

Hemodynamics

Cardiac output: 5.34 l/min
Cardiac index (CI): 3.63 l/min*m²

Great vessels/Other
Aorta

Aortic Root: 3.3 cm

Pulmonary Vein:

Valves/Doppler Measurements

Aortic Valve

Peak Velocity: 113 cm/s Mean Gradient: 3.1 mmHg
Peak Gradient: 5.11 mmHg
Area (continuity): 2.89 cm²
AV VTI: 20.5 cm

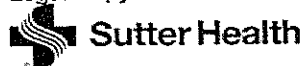
LVOT

Peak Velocity: 97.8 cm/s Mean Gradient: 2.1 mmHg
Peak Gradient: 4 mmHg LVOT VTI: 18.9 cm
LVOT Diameter: 2 cm

Mitral Valve

Peak E-Wave: 84.5 cm/s Peak A-Wave: 95 cm/s
Peak Gradient: 2.86 mmHg

Open PDF Result Report (Order # 839734748 - TRANSTHORACIC ECHO COMPLETE WITH DOPPLER) (below)

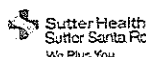


SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Imaging (continued)



Sutter Santa Rosa Regional Hospital
30 Mark West Springs Road
Santa Rosa, CA 95403

Sutter Santa Rosa Regional Hospital
30 Mark West Springs Road
Santa Rosa, CA 95403

Report Status: Finalized

Transthoracic Echocardiography Report (TTE)

Demographics

Patient Name	GALVEZ ENRIQUE IV	Gender	Male
Patient Number	62050112	Room Number	2520
Accession Number	SRK17003244802	Date of Study	12/05/2017
Date of Birth	11/27/1969	Referring Physician	LAMB KENNETH C MD
Age	48 year(s)	Ordering Physician	
		Cardiology Fellow	
Nurse		Performing Physician	
Sonographer	MCNULTY BERNARD	Interpreting Physician	HUNTER JOHN MD

Conclusions

Summary

Technically difficult study.
Based on views available, within normal limits.

Signature

Electronically signed by HUNTER JOHN MD (Interpreting physician) on 12/06/2017 at 07:34 PM

Procedure

Type of Study

TTE procedure: TRANSTHORACIC ECHO COMPLETE WITH DOPPLER.

Procedure Date

Date: 12/05/2017 Start: 07:40 AM

Admission Status: Inpatient

Study Location: Portable

Technical Quality: Limited visualization due to body habitus.

Indications: Sepsis

Patient Status: Inpatient

Height: 71 inches Weight: 86 pounds BSA: 1.47 m² BMI: 11.99 kg/m²

Normal Sinus Rhythm: Rhythm HR: 90 bpm BP: 127/66 mmHg

Findings

Left Ventricle

The left ventricle is normal in size.
Global and regional LV systolic function are normal (LVEF est 60%).

Right Ventricle

Right ventricular diastolic volume, wall thickness, and systolic function are normal.

Left Atrium

The LA volume index is normal (17 ml/m²).

Right Atrium/IVC/SVC

The right atrial volume is normal. The IVC is normal in diameter with greater than 50% respiratory variation.

Aortic Valve

The aortic valve is trileaflet. There is no evidence of aortic stenosis. There is no evidence of aortic regurgitation.

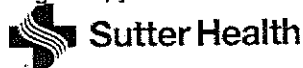
Mitral Valve

Patient Name: GALVEZ ENRIQUE IV

MRN: 62050112

Date of study: 12/05/2017 07:40 AM

Page: 1 of 3



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REGIONAL HOSPITAL
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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Imaging (continued)



Sutter Santa Rosa Regional Hospital
30 Mark West Springs Road
Santa Rosa, CA 95403

Sutter Santa Rosa Regional Hospital
30 Mark West Springs Road
Santa Rosa, CA 95403

Report Status: Finalized

The mitral leaflets appear normal. There is no mitral valve stenosis. There is trace mitral regurgitation.

Tricuspid Valve

The tricuspid valve leaflets are morphologically normal. There is no tricuspid stenosis. There is trace tricuspid valve regurgitation. Doppler envelope is incomplete.

Pulmonic Valve

The pulmonic valve appears normal. There is no pulmonic regurgitation.

Miscellaneous

The aortic root appears normal. The main pulmonary artery appears normal.

Pericardial Effusion

There is no evidence of pericardial effusion.

Pleural Effusion

There is no evidence of a pleural effusion.

Structures/M-Mode Measurements

Left Ventricular Structure

LVIDd:	2.91 cm	Area Systolic:	19 cm ²
LVIDs:	2.12 cm	Area Diastolic:	32.3 cm ²
IVSd:	0.96 cm	LV ES Volume:	42 ml
LVPWd:	0.9 cm	LV ESV Index:	29 ml/m ²
LV Length:	8.81 cm		
LV ED Volume:	96 ml		
LV EDV Index:	65 ml/m ²		
EF Estimated:	60 %		

Left Ventricular Function

LVEF Calculated:	56.3 %	FS:	27.2 %
E' Lateral Velocity:	14.6 cm/s	E' Medial Velocity:	8.7 cm/s
E/A Ratio:	0.89	E/Lat e':	5.8
MV Decel Time:	187 msec	Pulm vein diastolic velocity:	34.6 cm/s
Pulm vein systolic velocity:	39.4 cm/s	Cardiac index (CI):	3.63 l/min*m ²
Cardiac output:	5.34 l/min		

Right Ventricle

Diastolic Dimension:	3.14 cm
RVOT VTI:	14.1 cm

Left Atrium

LA Dimension:	2.8 cm	LA Area:	12.1 cm ²
LA/Aorta:	0.85		
LA Volume/Index:	27 ml /1.8 m ²		

Hemodynamics

Cardiac output:	5.34 l/min
Cardiac index (CI):	3.63 l/min*m ²

Great vessels/Other

Aorta

Aortic Root:	3.3 cm
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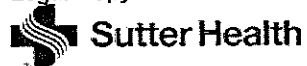
Patient Name: GALVEZ ENRIQUE IV

MRN: 62050112

Date of study: 12/05/2017 07:40 AM

Page: 2 of 3

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REGIONAL HOSPITAL
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SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Imaging (continued)



Sutter Santa Rosa Regional Hospital
30 Mark West Springs Road
Santa Rosa, CA 95403

Sutter Santa Rosa Regional Hospital
30 Mark West Springs Road
Santa Rosa, CA 95403

Report Status: Finalized

Pulmonary Vein:

Valves/Doppler Measurements

Aortic Valve

Peak Velocity:	113 cm/s	Mean Gradient:	3.1 mmHg
Peak Gradient:	5.11 mmHg		
Area (continuity):	2.88 cm ²		
AV VTI:	20.5 cm		

LVOT

Peak Velocity:	97.8 cm/s	Mean Gradient:	2.1 mmHg
Peak Gradient:	4 mmHg	LVOT VTI:	18.9 cm
LVOT Diameter:	2 cm		

Mitral Valve

Peak E-Wave:	84.5 cm/s	Peak A-Wave:	95 cm/s
		Peak Gradient:	2.86 mmHg

Patient Name: GALVEZ ENRIQUE IV

MRN: 62050112

Date of study: 12/05/2017 07:40 AM

Page: 3 of 3

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
432 - SHRAD	SUTTER HEALTH RADIOLOGY	Unknown	3707 Schriever Mather CA 95742	03/05/09 0836 - 07/03/18 1346

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Page 58



12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Imaging (continued)

XR KNEE 3 VIEWS RIGHT [839579488] (Final result)

XR Knee 3 Views Right [839579488]

Resulted: 12/04/17 1553, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1534
Resulted by: Booth, Scott, MD
Performed: 12/04/17 1536 - 12/04/17 1552
Resulting lab: SUTTER HEALTH RADIOLOGY
Narrative:
COMPARISON: None.

Order status: Completed
Filed by: Ifc, Ehr Ip Powerscribe Results In 12/04/17 1556
Accession number: SRD17003241300

INDICATIONS: Pain

FINDINGS:

BONES: Normal.

JOINTS: Normal.

SOFT TISSUES: Vascular calcifications.

OTHER: None.

CONCLUSION: Negative acute.

Interpreted by: Scott Booth 12/4/2017 3:53 PM
Signed by: Scott Booth 12/4/2017 3:53 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
432 - SHRAD	SUTTER HEALTH RADIOLOGY	Unknown	3707 Schriever Mather CA 95742	03/05/09 0836 - 07/03/18 1346

XR CHEST 2 VIEWS PA LATERAL [839579486] (Final result)

XR Chest 2 Views PA Lateral [839579486]

Resulted: 12/04/17 1553, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520
Resulted by: Booth, Scott, MD
Performed: 12/04/17 1539 - 12/04/17 1551
Resulting lab: SUTTER HEALTH RADIOLOGY
Narrative:
COMPARISON: None.

Order status: Completed
Filed by: Ifc, Ehr Ip Powerscribe Results In 12/04/17 1556
Accession number: SRD17003241045

INDICATIONS: SIRS

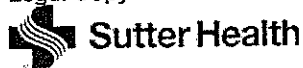
FINDINGS:

CARDIAC SILHOUETTE: Normal.

PULMONARY VASCULATURE: Normal.

LUNGS: Normal.

PLEURA: Normal.



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Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Imaging (continued)

MEDIASTINUM/HILA: Normal.

BONES: Normal.

EXTRINSIC LINES/HARDWARE: None.

OTHER: None.

CONCLUSION: Negative acute.

Interpreted by: Scott Booth 12/4/2017 3:53 PM
Signed by: Scott Booth 12/4/2017 3:53 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
432 - SHRAD	SUTTER HEALTH RADIOLOGY	Unknown	3707 Schriever Mather CA 95742	03/05/09 0836 - 07/03/18 1346

Cardiac Documentation

EKG [839579478] (Final result)

Specimen Information

ID	Type	Source	Collected By
MUSEWBSR183 673	—	—	12/04/17 1555

EKG 12 Lead [839579478]

Resulted: 12/06/17 1505, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520
Filed by: Ifc, Ehr Wb Ip Ge Muse Results In 12/06/17 1505
Resulting lab: SH GE MUSE

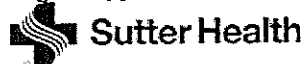
Order status: Completed
Collected by: 12/04/17 1555
Lab Technician: RM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Rate	102	BPM	—	SHGE
Atrial Rate	102	BPM	—	SHGE
P-R Interval	128	ms	—	SHGE
QRS Duration	88	ms	—	SHGE
Q-T Interval	350	ms	—	SHGE
QTC Calculation(Bezet)	456	ms	—	SHGE
P Axis	4	degrees	—	SHGE
R Axis	48	degrees	—	SHGE
T Axis	22	degrees	—	SHGE
Diagnosis	Sinus tachycardia	—	—	SHGE
Diagnosis	Otherwise normal ECG	—	—	SHGE
Diagnosis	No previous ECGs available	—	—	SHGE
Diagnosis	Confirmed by	—	—	SHGE

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Page 60



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12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Cardiac Documentation (continued)

Hunter MD,
John (114)
on 12/6/2017
3:05:34 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30029008 - SHGE	SH GE MUSE	Unknown	Unknown	07/16/08 1056 - Present

Labs (group 1 of 2)

LAB CHEMISTRY

BASIC METABOLIC PANEL W GFR [841193206] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132
Ordering user: Press, Ann Katz, MD 12/06/17 1132
Authorized by: Press, Ann Katz, MD
Class: IP Unit Collect
Lab status: Final result

Ordering provider: Press, Ann Katz, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Press, Ann Katz, MD (auto-released)
12/9/2017 10:10 PM

Status: Completed

Specimen Information

ID	Type	Source	Collected By
X878862_BMPG _2017120922100 0	Serum	Blood	Canelo, Ingrid S, RN 12/10/17 0435

Basic Metabolic Panel w GFR Routine Daily in a.m. [841193206]
(Abnormal)

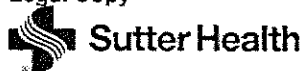
Resulted: 12/10/17 0510, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/09/17 2210
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/10/17 0510
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: Canelo, Ingrid S, RN 12/10/17 0435

Components

Component	Value	Reference Range	Flag	Lab
Sodium	135	136 - 145 mmol/L	⬇	SRFAC
Potassium	4.2	3.5 - 5.1 mmol/L	—	SRFAC
Chloride	98	95 - 111 mmol/L	—	SRFAC
CO2 (Bicarbonate)	29	21 - 32 mmol/L	—	SRFAC
Anion Gap	12.2	8 - 16 mmol/L	—	SRFAC
Glucose	98	70 - 99 mg/dL	—	SRFAC
Comment: Note new normal range.				
BUN	12	0 - 18 mg/dL	—	SRFAC
Creatinine	0.77	0.50 - 1.30 mg/dL	—	SRFAC
Comment: IDMS-traceable method				
GFR Est-Other	107	>60 See Cmmt	—	SRFAC
GFR Est-African American	124	>60 See Cmmt	—	SRFAC
Comment: Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation				
Calcium	9.3	8.5 - 10.1 mg/dL	—	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

C REACTIVE PROTEIN, INFLAMMATORY [841193207] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132 Status: Completed
 Ordering user: Press, Ann Katz, MD 12/06/17 1132 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP Unit Collect Quantity: 1
 Lab status: Final result Instance released by: Press, Ann Katz, MD (auto-released)
 12/9/2017 10:10 PM

Specimen Information

ID	Type	Source	Collected By
X878862_CRPR TN_2017120922 1000	Serum	Blood	Canelo, Ingrid S, RN 12/10/17 0435

C Reactive Protein, Inflammatory Routine Daily in a.m. [841193207]
(Abnormal)

Resulted: 12/10/17 1548, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/09/17 2210 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/10/17 1549 Collected by: Canelo, Ingrid S, RN 12/10/17 0435
 Resulting lab: SUTTER HEALTH SHARED LABORATORY

Components

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	118.0	0.0 - 9.0 mg/L	H	LV1
Comment: Reference Range for inflammatory states.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30013300 - LV1	SUTTER HEALTH SHARED LABORATORY	Joan Etzell, MD	2950 Collier Canyon Road Livermore CA 94551	12/17/13 0835 - 07/03/18 1346

BASIC METABOLIC PANEL W GFR [841193184] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132 Status: Completed
 Ordering user: Press, Ann Katz, MD 12/06/17 1132 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Press, Ann Katz, MD (auto-released)
 12/8/2017 10:10 PM

Specimen Information

ID	Type	Source	Collected By
S838041_BMPG _2017120822110 0	Serum	Blood	17022 12/09/17 0510



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Basic Metabolic Panel w GFR Routine Daily in a.m. [841193184]
(Abnormal)

Resulted: 12/09/17 0546, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 2210

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 0546

Collected by: 17022 12/09/17 0510

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Sodium	134	136 - 145 mmol/L	—	SRFAC
Potassium	4.0	3.5 - 5.1 mmol/L	—	SRFAC
Chloride	97	95 - 111 mmol/L	—	SRFAC
CO2 (Bicarbonate)	28	21 - 32 mmol/L	—	SRFAC
Anion Gap	13	6 - 16 mmol/L	—	SRFAC
Glucose	89	70 - 99 mg/dL	—	SRFAC
Comment: Note new normal range.				
BUN	8	0 - 18 mg/dL	—	SRFAC
Creatinine	0.73	0.50 - 1.30 mg/dL	—	SRFAC
Comment: IDMS-traceable method				
GFR Est-Other	110	>60 See Cmmt	—	SRFAC
GFR Est-African American	127	>60 See Cmmt	—	SRFAC
Comment: Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation				
Calcium	9.5	8.5 - 10.1 mg/dL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

C REACTIVE PROTEIN, INFLAMMATORY [841193185] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132

Status: Completed

Ordering user: Press, Ann Katz, MD 12/06/17 1132

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Press, Ann Katz, MD (auto-released)
12/8/2017 10:10 PM

Specimen Information

ID	Type	Source	Collected By
S838041_CRPR TN_2017120822 1100	Serum	Blood	17022 12/09/17 0510

C Reactive Protein, Inflammatory Routine Daily in a.m. [841193185]
(Abnormal)

Resulted: 12/09/17 1618, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 2210

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 1618

Collected by: 17022 12/09/17 0510

Resulting lab: SUTTER HEALTH SHARED LABORATORY

Components



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	137.0	0.0 - 9.0 mg/L	H	LV1
Comment: Reference Range for inflammatory states.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30013300 - LV1	SUTTER HEALTH SHARED LABORATORY	Joan Etzell, MD	2950 Collier Canyon Road Livermore CA 94551	12/17/13 0835 - 07/03/18 1346

POTASSIUM [841193180] (Final result)

Electronically signed by: Nakamine, Caitlin Marie, RN on 12/08/17 1250 Status: Completed
 Ordering user: Nakamine, Caitlin Marie, RN 12/08/17 1250 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Protocol Order
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Nakamine, Caitlin Marie, RN (auto-released) 12/8/2017 1:05 PM

Specimen Information

ID	Type	Source	Collected By
F826922_K_201 71208130500	Serum	Blood	17312 12/08/17 1510

Potassium Timed Once [841193180]

Resulted: 12/08/17 1544, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 1305 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 1544 Collected by: 17312 12/08/17 1510
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Potassium	4.4	3.5 - 5.1 mmol/L	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

BASIC METABOLIC PANEL W GFR [840379468] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132 Status: Completed
 Ordering user: Press, Ann Katz, MD 12/06/17 1132 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Press, Ann Katz, MD (auto-released)
 12/7/2017 10:10 PM

Specimen Information

ID	Type	Source	Collected By
F808403_BMPG	Serum	Blood	17321 12/08/17 0434



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

2017120722110
0

Basic Metabolic Panel w GFR Routine Daily in a.m. [840379468]

Resulted: 12/08/17 0507, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 2210

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 0508

Collected by: 17321 12/08/17 0434

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Sodium	136	136 - 145 mmol/L	---	SRFAC
Potassium	3.8	3.5 - 5.1 mmol/L	---	SRFAC
Chloride	98	95 - 111 mmol/L	---	SRFAC
CO2 (Bicarbonate)	29	21 - 32 mmol/L	---	SRFAC
Anion Gap	12.8	6 - 16 mmol/L	---	SRFAC
Glucose	86	70 - 99 mg/dL	---	SRFAC
Comment: Note new normal range.				
BUN	7	0 - 18 mg/dL	---	SRFAC
Creatinine	0.73	0.50 - 1.30 mg/dL	---	SRFAC
Comment: IDMS-traceable method				
GFR Est-Other	110	>60 See Cmmt	---	SRFAC
GFR Est-African American	127	>60 See Cmmt	---	SRFAC
Comment: Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation				
Calcium	9.0	8.5 - 10.1 mg/dL	---	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

C REACTIVE PROTEIN, INFLAMMATORY [840379469] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132

Status: Completed

Ordering user: Press, Ann Katz, MD 12/06/17 1132

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Press, Ann Katz, MD (auto-released)

12/7/2017 10:10 PM

Specimen Information

ID	Type	Source	Collected By
F808403_CRPR TN_2017120722 1100	Serum	Blood	17321 12/08/17 0434

C Reactive Protein, Inflammatory Routine Daily in a.m. [840379469]
(Abnormal)

Resulted: 12/08/17 1905, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 2210

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 1905

Collected by: 17321 12/08/17 0434

Resulting lab: SUTTER HEALTH SHARED LABORATORY



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	160.0	0.0 - 9.0 mg/L	H	LV1
Comment: Reference Range for inflammatory states.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30013300 - LV1	SUTTER HEALTH SHARED LABORATORY	Joan Etzell, MD	2950 Collier Canyon Road Livermore CA 94551	12/17/13 0835 - 07/03/18 1346

POTASSIUM [840379462] (Final result)

Electronically signed by: Nakamine, Caitlin Marie, RN on 12/07/17 1333 Status: Completed
 Ordering user: Nakamine, Caitlin Marie, RN 12/07/17 1333 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Protocol Order
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Nakamine, Caitlin Marie, RN (auto-released) 12/7/2017 4:05 PM

Specimen Information

ID	Type	Source	Collected By
H581376_K_201 71207160500	Serum	Blood	17312 12/07/17 1925

Potassium Timed Once [840379462]

Resulted: 12/07/17 1937, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 1605 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1938 Collected by: 17312 12/07/17 1925
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Potassium	4.2	3.5 - 5.1 mmol/L	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

BASIC METABOLIC PANEL W GFR [840379450] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132 Status: Completed
 Ordering user: Press, Ann Katz, MD 12/06/17 1132 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Press, Ann Katz, MD (auto-released)
 12/6/2017 10:11 PM

Specimen Information

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Sutter Health

SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

ID	Type	Source	Collected By
H558035_BMPG 2017120622120 0	Serum	Blood	17330 12/07/17 0742

Basic Metabolic Panel w GFR Routine Daily in a.m. [840379450]
(Abnormal)

Resulted: 12/07/17 0801, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/06/17 2211
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 0801

Order status: Completed

Collected by: 17330 12/07/17 0742

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Sodium	136	136 - 145 mmol/L	---	SRFAC
Potassium	3.8	3.5 - 5.1 mmol/L	---	SRFAC
Chloride	98	95 - 111 mmol/L	---	SRFAC
CO2 (Bicarbonate)	31	21 - 32 mmol/L	---	SRFAC
Anion Gap	10.8	6 - 16 mmol/L	---	SRFAC
Glucose	127	70 - 99 mg/dL	H	SRFAC
Comment: Note new normal range.				
BUN	6	0 - 18 mg/dL	---	SRFAC
Creatinine	0.76	0.50 - 1.30 mg/dL	---	SRFAC
Comment: IDMS-traceable method				
GFR Est-Other	108	>60 See Cmmt	---	SRFAC
GFR Est-African American	125	>60 See Cmmt	---	SRFAC
Comment: Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation				
Calcium	8.8	8.5 - 10.1 mg/dL	---	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

C REACTIVE PROTEIN, INFLAMMATORY [840379451] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132

Status: Completed

Ordering user: Press, Ann Katz, MD 12/06/17 1132

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Press, Ann Katz, MD (auto-released)
12/6/2017 10:11 PM

Specimen Information

ID	Type	Source	Collected By
H558035_CRPR TN_2017120622 1200	Serum	Blood	17330 12/07/17 0742

C Reactive Protein, Inflammatory Routine Daily in a.m. [840379451]
(Abnormal)

Resulted: 12/07/17 1847, Result status: Final result



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Ordering provider: Press, Ann Katz, MD 12/06/17 2211
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1848
Resulting lab: SUTTER HEALTH SHARED LABORATORY

Order status: Completed
Collected by: 17330 12/07/17 0742

Components

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	175.0	0.0 - 9.0 mg/L	H	LV1
Comment: Reference Range for inflammatory states.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30013300 - LV1	SUTTER HEALTH SHARED LABORATORY	Joan Etzell, MD	2950 Collier Canyon Road Livermore CA 94551	12/17/13 0835 - 07/03/18 1346

LACTIC ACID, PLASMA [839734783] (Final result)

Electronically signed by: Yang, Shu-Qing, MD on 12/06/17 1038
Ordering user: Yang, Shu-Qing, MD 12/06/17 1038
Authorized by: Yang, Shu-Qing, MD
Class: IP Lab Collect
Lab status: Final result

Status: **Completed**

Ordering provider: Yang, Shu-Qing, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Yang, Shu-Qing, MD (auto-released)
12/6/2017 10:38 AM

Questionnaire

Question	Answer
Repeat Order to be cancelled if previous lactate result is < 2	Yes

Specimen Information

ID	Type	Source	Collected By
W1000446_LAC	Blood	Blood	17286 12/06/17 1315
WB_2017120610			
3800			

Lactic Acid, Plasma STAT Once [839734783]

Resulted: 12/06/17 1345, Result status: Final result

Ordering provider: Yang, Shu-Qing, MD 12/06/17 1038
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 1345
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

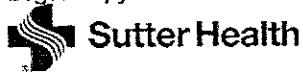
Order status: Completed
Collected by: 17286 12/06/17 1315

Components

Component	Value	Reference Range	Flag	Lab
Lactate, WB	1.4	0.4 - 2.0 mmol/L	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

LIPID PROFILE [840379432] (Final result)

Electronically signed by: **Press, Ann Katz, MD on 12/06/17 1129**

Status: **Completed**

Ordering user: Press, Ann Katz, MD 12/06/17 1129

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Press, Ann Katz, MD (auto-released)
12/6/2017 11:30 AM

Questionnaire

Question	Answer
PRN Reason	please add-on

Specimen Information

ID	Type	Source	Collected By
W1002110_LIPI D_20171206112 100	Serum	Blood	17286 12/06/17 1315

Lipid Profile Routine Once please add-on [840379432] (Abnormal)

Resulted: 12/06/17 1356, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/06/17 1130

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 1356

Collected by: 17286 12/06/17 1315

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Total cholesterol	140	<200 mg/dL	—	SRFAC
Triglyceride	208	<150 mg/dL	H	SRFAC
HDL cholesterol	21	>45 mg/dL	L	SRFAC
LDL Calculated	77	0 - 130 mg/dL	—	SRFAC
Cholesterol to HDL Ratio	6.7	3.44 - 5.50	H	SRFAC
LDL:HDL Ratio	3.67	1.00 - 3.50	H	SRFAC
Comment:				
Cholesterol/HDL Cholesterol Ratio Interpretation				
Risk Female Male				
1/2 Average 3.27 3.34				
Average 4.44 4.97				
2X Average 7.05 9.55				
3X Average 11.04 23.39				
VLDL (Calculated)	42	6 - 40 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

MAGNESIUM [839734772] (Final result)

Electronically signed by: **Lamb, Kenneth C, MD on 12/05/17 1128**

Status: **Completed**

Ordering user: Lamb, Kenneth C, MD 12/05/17 1128

Ordering provider: Lamb, Kenneth C, MD

Authorized by: Lamb, Kenneth C, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Lab status: Final result

Instance released by: Thingvoll, John W, RN (auto-released)
12/5/2017 10:11 PM

Specimen Information

ID	Type	Source	Collected By
W988068_MG_2 0171205221200	Blood	Blood	17268 12/06/17 0548

Magnesium Routine Tomorrow AM [839734772]

Resulted: 12/06/17 0702, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 2211

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 0702

Collected by: 17268 12/06/17 0548

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	2.1	1.8 - 2.4 mg/dL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

COMPREHENSIVE METABOLIC PANEL W GFR [839734773] (Final result)

Electronically signed by: Lamb, Kenneth C, MD on 12/05/17 1128

Status: Completed

Ordering user: Lamb, Kenneth C, MD 12/05/17 1128

Ordering provider: Lamb, Kenneth C, MD

Authorized by: Lamb, Kenneth C, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Thingvoll, John W, RN (auto-released)
12/5/2017 10:11 PM

Scheduling instructions

If you are taking sulfasalazine, you should have your blood drawn immediately before taking your next scheduled dose of medication.

Specimen Information

ID	Type	Source	Collected By
W988068_CMP G_20171205221 200	Serum	Blood	17268 12/06/17 0548

Comprehensive Metabolic Panel w GFR Routine Tomorrow AM [839734773] (Abnormal)

Resulted: 12/06/17 0702, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 2211

Order status: Completed

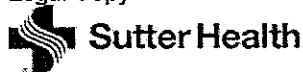
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 0702

Collected by: 17268 12/06/17 0548

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Sodium	137	136 - 145 mmol/L	—	SRFAC
Potassium	3.6	3.5 - 5.1 mmol/L	—	SRFAC
Chloride	100	95 - 111 mmol/L	—	SRFAC
CO2 (Bicarbonate)	30	21 - 32 mmol/L	—	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Anion Gap	10.6	6 - 16 mmol/L	—	SRFAC
Glucose	158	70 - 99 mg/dL	H	SRFAC
Comment: Note new normal range.				
BUN	4	0 - 18 mg/dL	—	SRFAC
Creatinine	0.70	0.50 - 1.30 mg/dL	—	SRFAC
Comment: IDMS-traceable method				
GFR Est-Other	112	>60 See Cmmt	—	SRFAC
GFR Est-African American	129	>60 See Cmmt	—	SRFAC
Comment: Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation				
Calcium	8.2	8.5 - 10.1 mg/dL	L	SRFAC
Total Protein	6.8	6.4 - 8.2 g/dL	—	SRFAC
Albumin	1.8	3.2 - 4.7 g/dL	L	SRFAC
Total Bilirubin	0.5	0.0 - 1.0 mg/dL	—	SRFAC
Alkaline Phosphatase	133	26 - 137 U/L	—	SRFAC
AST	21	0 - 37 U/L	—	SRFAC
ALT	20	0 - 60 U/L	—	SRFAC
Comment: Note new normal range.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

POTASSIUM [839734764] (Final result)

Electronically signed by: **Lamb, Kenneth C, MD on 12/05/17 0038** Status: **Completed**
 Ordering user: Lamb, Kenneth C, MD 12/05/17 0038
 Authorized by: Lamb, Kenneth C, MD
 Class: IP Lab Collect
 Lab status: Final result
 Ordering provider: Lamb, Kenneth C, MD
 Ordering mode: Standard
 Quantity: 1
 Instance released by: Fernandez, Melanie Bangayan, RN
 12/5/2017 12:14 PM

Questionnaire

Question	Answer
PRN Reason	2 hours post IV potassium replacement

Specimen Information

ID	Type	Source	Collected By
T515427_K_201 71205121400	Serum	Blood	17268 12/05/17 1237

Potassium STAT PRN 2 hours post IV potassium replacement
[839734764] (Abnormal)

Resulted: 12/05/17 1257, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 1214
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 1257
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL
 Order status: Completed
 Collected by: 17268 12/05/17 1237

Components

Component	Value	Reference Range	Flag	Lab
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SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Potassium	3.2	3.5 - 5.1 mmol/L	⚡	SRFAC
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

PROCALCITONIN [839733563] (Final result)

Electronically signed by: Altaf, Mujeeb, MD on 12/04/17 1923 Status: **Completed**
 Ordering user: Altaf, Mujeeb, MD 12/04/17 1923
 Authorized by: Altaf, Mujeeb, MD
 Class: IP Lab Collect
 Lab status: Final result
 Ordering provider: Altaf, Mujeeb, MD
 Ordering mode: Standard
 Quantity: 1
 Instance released by: Pershina, Allan Jared, RN (auto-released) 12/5/2017 12:47 AM

Specimen Information

ID	Type	Source	Collected By
T500194_PROC AL_2017120500 4700	Plasma	Blood	17330 12/05/17 0114

Procalcitonin Routine Next Draw [839733563] (Abnormal)

Resulted: 12/05/17 1122, Result status: Final result

Ordering provider: Altaf, Mujeeb, MD 12/05/17 0047 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 1122 Collected by: 17330 12/05/17 0114
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL
 Acknowledged by: Lamb, Kenneth C, MD on 12/05/17 1341

Components

Component	Value	Reference Range	Flag	Lab
Procalcitonin Comment:	0.38	<0.10 ng/mL	H	SRFAC

Interpretation:

Lower respiratory tract infection
 <0.10 ng/mL: Bacterial infection very unlikely
 0.10-0.24 ng/mL: Bacterial infection unlikely
 0.25-0.49 ng/mL: Bacterial infection likely
 >0.50 ng/mL: Bacterial infection very likely

Severe Sepsis /Septic Shock Risk

<0.50 ng/mL: Low risk for severe sepsis/septic shock
 > 0.50-2.0 ng/mL: Severe sepsis/septic shock possible
 > 2.0 ng/mL: High risk of severe sepsis/septic shock

Procalcitonin levels should be evaluated in the context of all laboratory findings and the clinical status of the patient. A single procalcitonin level should not be the final determinant for initiation of antibiotics, especially in clinically unstable, immunosuppressed or high risk patients. Consider repeat in 6-12 hrs if antibiotics not begun and uncertainty exists.



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

All Reviewers List

Lamb, Kenneth C, MD on 12/5/2017 1:41 PM

C REACTIVE PROTEIN, INFLAMMATORY [839733564] (Final result)

Electronically signed by: Altaf, Mujeeb, MD on 12/04/17 1923
Ordering user: Altaf, Mujeeb, MD 12/04/17 1923
Authorized by: Altaf, Mujeeb, MD
Class: IP Lab Collect
Lab status: Final result

Status: Completed

Ordering provider: Altaf, Mujeeb, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Pershina, Allan Jared, RN (auto-released)
12/5/2017 12:47 AM

Specimen Information

ID	Type	Source	Collected By
T500191_CRPR TN_2017120500 4700	Serum	Blood	17330 12/05/17 0114

C Reactive Protein, Inflammatory Routine Tomorrow AM [839733564] (Abnormal)

Resulted: 12/05/17 1908, Result status: Final result

Ordering provider: Altaf, Mujeeb, MD 12/05/17 0047
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 1908
Resulting lab: SUTTER HEALTH SHARED LABORATORY

Order status: Completed
Collected by: 17330 12/05/17 0114

Components

Component	Value	Reference Range	Flag	Lab
C-Reactive Protein	176.0	0.0 - 9.0 mg/L	H	LV1
Comment: Reference Range for inflammatory states.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30013300 - LV1	SUTTER HEALTH SHARED LABORATORY	Joan Etzell, MD	2950 Collier Canyon Road Livermore CA 94551	12/17/13 0835 - 07/03/18 1346

HEMOGLOBIN A1C [839733572] (Final result)

Electronically signed by: Altaf, Mujeeb, MD on 12/04/17 1923
Ordering user: Altaf, Mujeeb, MD 12/04/17 1923
Authorized by: Altaf, Mujeeb, MD
Class: IP Lab Collect
Lab status: Final result

Status: Completed

Ordering provider: Altaf, Mujeeb, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Pershina, Allan Jared, RN (auto-released)
12/5/2017 12:47 AM

Specimen Information

ID	Type	Source	Collected By
T500195_GLYC	Blood	Blood	17330 12/05/17 0114

Printed by [S18787] at 1/7/20 11:19 AM

Page 73

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SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

O_20171205004
800

Hemoglobin A1c Routine Next Draw [839733572] (Abnormal)

Resulted: 12/05/17 2011, Result status: Final result

Ordering provider: Altaf, Mujeeb, MD 12/05/17 0047

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 2011

Collected by: 17330 12/05/17 0114

Resulting lab: SUTTER HEALTH SHARED LABORATORY

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin A1c	10.3	4.8 - 5.6 %	H	LV1
Average Glucose	249	mg/dL	—	LV1
Comment:				

Hemoglobin A1c
5.7-6.4% Increased Risk of diabetes mellitus
> or = 6.5% Consistent with diabetes mellitus

ADA Therapeutic goal <7% HbA1c
Additional action suggested >8% HbA1c
Immediate action suggested >10% HbA1c

Estimated average glucose is calculated using the equation eAG = (28.7 x
HbA1c) - 46.7

%Hb A1c Estimated Average Glucose(eAG)mg/dL

5	97
6	126
7	154
8	183
9	212
10	240
11	269

Method is NGSP certified

References:

1. American Diabetes Association Standards of Medical Care in Diabetes. Diabetes Care 2010 Jan 33:S11-S61
2. Nathan DM et al. Translating the A1c assay into estimated average glucose values. Diabetes Care 2008 Aug 31:1473-1478

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30013300 - LV1	SUTTER HEALTH SHARED LABORATORY	Joan Etzell, MD	2950 Collier Canyon Road Livermore CA 94551	12/17/13 0835 - 07/03/18 1346

THYROID STIMULATING HORMONE (TSH) [839733573] (Final result)

Electronically signed by: Altaf, Mujeeb, MD on 12/04/17 1923

Status: Completed

Ordering user: Altaf, Mujeeb, MD 12/04/17 1923

Ordering provider: Altaf, Mujeeb, MD

Authorized by: Altaf, Mujeeb, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Printed by [S18787] at 1/7/20 11:19 AM

Page 74



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30 Mark West Springs Road
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Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Lab status: Final result

Instance released by: Pershina, Allan Jared, RN (auto-released)
12/5/2017 12:47 AM

Specimen Information

ID	Type	Source	Collected By
T500194_TSH_2 0171205004700	Serum	Blood	17330 12/05/17 0114

Thyroid Stimulating Hormone (TSH) Routine Next Draw [839733573] Resulted: 12/05/17 0200, Result status: Final result

Ordering provider: Altaf, Mujeeb, MD 12/05/17 0047

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 0200

Collected by: 17330 12/05/17 0114

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Acknowledged by: Lamb, Kenneth C, MD on 12/05/17 0653

Components

Component	Value	Reference Range	Flag	Lab
TSH	1.34	0.34 - 4.82 uIU/mL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

All Reviewers List

Lamb, Kenneth C, MD on 12/5/2017 1:41 PM

MAGNESIUM [839734741] (Final result)

Electronically signed by: Lamb, Kenneth C, MD on 12/05/17 0038

Status: Completed

Ordering user: Lamb, Kenneth C, MD 12/05/17 0038

Ordering provider: Lamb, Kenneth C, MD

Authorized by: Lamb, Kenneth C, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Pershina, Allan Jared, RN (auto-released)
12/5/2017 12:47 AM

Questionnaire

Question	Answer
PRN Reason	Magnesium STAT PRN after magnesium replacement

Order comments: Draw magnesium level 2 hours after every replacement dose. If the post replacement result is greater than 1.9 (no further replacement necessary), then draw another magnesium level in the AM.

Specimen Information

ID	Type	Source	Collected By
T500194_MG_20 171205004700	Blood	Blood	17330 12/05/17 0114

Magnesium STAT Next Draw Magnesium STAT PRN after magnesium replacement [839734741]

Resulted: 12/05/17 0200, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 0047

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 0200

Collected by: 17330 12/05/17 0114

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Acknowledged by: Lamb, Kenneth C, MD on 12/05/17 0653



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Magnesium	1.8	1.8 - 2.4 mg/dL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

All Reviewers List

Lamb, Kenneth C, MD on 12/5/2017 1:41 PM

COMPREHENSIVE METABOLIC PANEL W GFR [839734743] (Final result)

Electronically signed by: Lamb, Kenneth C, MD on 12/05/17 0052 Status: Completed
 Ordering user: Lamb, Kenneth C, MD 12/05/17 0052 Ordering provider: Lamb, Kenneth C, MD
 Authorized by: Lamb, Kenneth C, MD Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: Lamb, Kenneth C, MD (auto-released)
 12/5/2017 12:52 AM

Scheduling instructions

If you are taking sulfasalazine, you should have your blood drawn immediately before taking your next scheduled dose of medication.

Specimen Information

ID	Type	Source	Collected By
T500191_CMPG _2017120500470 0	Serum	Blood	17330 12/05/17 0114

Comprehensive Metabolic Panel w GFR Routine Tomorrow AM
[839734743] (Abnormal)

Resulted: 12/05/17 0207, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 0052 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 0208 Collected by: 17330 12/05/17 0114
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Sodium	137	136 - 145 mmol/L	—	SRFAC
Potassium	2.9	3.5 - 5.1 mmol/L	L	SRFAC
Chloride	98	95 - 111 mmol/L	—	SRFAC
CO2 (Bicarbonate)	30	21 - 32 mmol/L	—	SRFAC
Anion Gap	11.9	6 - 16 mmol/L	—	SRFAC
Glucose	198	70 - 99 mg/dL	H	SRFAC
Comment: Note new normal range.				
BUN	6	0 - 18 mg/dL	—	SRFAC
Creatinine	0.71	0.50 - 1.30 mg/dL	—	SRFAC
Comment: IDMS-traceable method				
GFR Est-Other	111	>60 See Cmmt	—	SRFAC
GFR Est-African American	129	>60 See Cmmt	—	SRFAC



SUTTER SANTA ROSA
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Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Comment:
Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation

Calcium	7.9	8.5 - 10.1 mg/dL	L	SRFAC
Total Protein	7.0	6.4 - 8.2 g/dL	—	SRFAC
Albumin	1.9	3.2 - 4.7 g/dL	L	SRFAC
Total Bilirubin	0.7	0.0 - 1.0 mg/dL	—	SRFAC
Alkaline Phosphatase	114	26 - 137 U/L	—	SRFAC
AST	23	0 - 37 U/L	—	SRFAC
ALT	23	0 - 60 U/L	—	SRFAC

Comment: Note new normal range.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

COMPREHENSIVE METABOLIC PANEL W GFR [839579472] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
Ordering user: O'Connell, Dennis E, PA 12/04/17 1520 Ordering provider: O'Connell, Dennis E, PA
Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
Class: IP Lab Collect Quantity: 1
Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
12/4/2017 3:20 PM

Scheduling instructions

If you are taking sulfasalazine, you should have your blood drawn immediately before taking your next scheduled dose of medication.

Specimen Information

ID	Type	Source	Collected By
M964388_CMPG _2017120415210 0	Serum	Blood	Stipanov, Lindsay Joan, RN 12/04/17 1601

Comprehensive Metabolic Panel w GFR STAT Once [839579472] (Abnormal)

Resulted: 12/04/17 1626, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1626 Collected by: Stipanov, Lindsay Joan, RN 12/04/17 1601
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Sodium	133	136 - 145 mmol/L	L	SRFAC
Potassium	3.2	3.5 - 5.1 mmol/L	L	SRFAC
Chloride	91	95 - 111 mmol/L	L	SRFAC
CO2 (Bicarbonate)	33	21 - 32 mmol/L	H	SRFAC
Anion Gap	12.2	6 - 16 mmol/L	—	SRFAC
Glucose	254	70 - 99 mg/dL	H	SRFAC
Comment: Note new normal range.				
BUN	9	0 - 18 mg/dL	—	SRFAC
Creatinine	0.87	0.50 - 1.30 mg/dL	—	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Comment: IDMS-traceable method				
GFR Est-Other	102	>60 See Cmmt	—	SRFAC
GFR Est-African American	118	>60 See Cmmt	—	SRFAC
Comment: Units: mL/min/1.73 m2. Estimated glomerular filtration rate values are calculated using the CKD-EPI equation				
Calcium	9.2	8.5 - 10.1 mg/dL	—	SRFAC
Total Protein	8.4	6.4 - 8.2 g/dL	H	SRFAC
Albumin	2.4	3.2 - 4.7 g/dL	L	SRFAC
Total Bilirubin	0.9	0.0 - 1.0 mg/dL	—	SRFAC
Alkaline Phosphatase	139	26 - 137 U/L	H	SRFAC
AST	25	0 - 37 U/L	—	SRFAC
ALT	27	0 - 60 U/L	—	SRFAC
Comment: Note new normal range.				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

LACTIC ACID, PLASMA [839579482] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
 Ordering user: O'Connell, Dennis E, PA 12/04/17 1520 Ordering provider: O'Connell, Dennis E, PA
 Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
 12/4/2017 3:20 PM

Questionnaire

Question	Answer
Repeat Order to be cancelled if previous lactate result is < 2	Yes

Specimen Information

ID	Type	Source	Collected By
M964388_LACWB_20171204152100	Blood	Blood	Stipanov, Lindsay Joan, RN 12/04/17 1601

Lactic Acid, Plasma STAT Now and After 3h [839579482]

Resulted: 12/04/17 1612, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1612 Collected by: Stipanov, Lindsay Joan, RN 12/04/17 1601
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Lactate, WB	1.1	0.4 - 2.0 mmol/L	—	SRFAC

Testing Performed By



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

LAB COAGULATION

PROTHROMBIN TIME/INR [839579473] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
 Ordering user: O'Connell, Dennis E, PA 12/04/17 1520 Ordering provider: O'Connell, Dennis E, PA
 Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
 12/4/2017 3:20 PM

Specimen Information

ID	Type	Source	Collected By
M964388_PT_20 171204152100	Plasma	Blood	Stipanov, Lindsay Joan, RN 12/04/17 1601

Prothrombin Time/INR STAT Once [839579473]

Resulted: 12/04/17 1624, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1624 Collected by: Stipanov, Lindsay Joan, RN 12/04/17 1601
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Prothrombin Time	14.0	12.0 - 14.5 sec	---	SRFAC
INR	1.1	0.9 - 1.2	---	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

PARTIAL THROMBOPLASTIN TIME [839579474] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
 Ordering user: O'Connell, Dennis E, PA 12/04/17 1520 Ordering provider: O'Connell, Dennis E, PA
 Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
 12/4/2017 3:20 PM

Specimen Information

ID	Type	Source	Collected By
M964388_PTT_2 0171204152100	Plasma	Blood	Stipanov, Lindsay Joan, RN 12/04/17 1601

Partial Thromboplastin Time STAT Once [839579474] (Abnormal)

Resulted: 12/04/17 1624, Result status: Final result



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1624
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: Stipanov, Lindsay Joan, RN 12/04/17 1601

Components

Component	Value	Reference Range	Flag	Lab
PTT	37.3	24 - 35 sec	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

LAB HEMATOLOGY

CBC WITH AUTOMATED DIFFERENTIAL [841193208] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132
Ordering user: Press, Ann Katz, MD 12/06/17 1132
Authorized by: Press, Ann Katz, MD
Class: IP Unit Collect
Lab status: Final result

Status: Completed

Ordering provider: Press, Ann Katz, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Press, Ann Katz, MD (auto-released)
12/9/2017 10:30 PM

Specimen Information

ID	Type	Source	Collected By
X878862_CBCA _2017120922100 0	Blood	Blood	Canelo, Ingrid S, RN 12/10/17 0435

CBC with Automated Differential Routine Daily in a.m. [841193208] (Abnormal)

Resulted: 12/10/17 0503, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/09/17 2230
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/10/17 0503
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: Canelo, Ingrid S, RN 12/10/17 0435

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	17.8	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count	3.70	4.40 - 6.00 M/uL	L	SRFAC
Hemoglobin	9.9	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit	29.8	40.0 - 52.0 %	L	SRFAC
MCV	81	80 - 100 fL	—	SRFAC
MCH	26.8	27.0 - 33.0 pg	L	SRFAC
MCHC	33.2	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.8	<16.4 %	—	SRFAC
Platelet Count	650	150 - 400 K/uL	H	SRFAC
Differential Type	Automated	—	—	SRFAC
Neutrophil %	73	49.0 - 74.0 %	—	SRFAC
Lymphocyte %	17	26.0 - 46.0 %	L	SRFAC
Monocyte %	8	2.0 - 12.0 %	—	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

**12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)**

Labs (group 1 of 2) (continued)

Eosinophil %	2	0.0 - 5.0 %	—	SRFAC
Basophil %	0	0.0 - 2.0 %	—	SRFAC
Abs. Neutrophil	13.0	2.0 - 8.0 K/uL	H	SRFAC
Abs. Lymphocyte	3.0	1.0 - 5.1 K/uL	—	SRFAC
Abs. Monocyte	1.4	0.0 - 0.8 K/uL	H	SRFAC
Abs. Eosinophil	0.4	0.0 - 0.5 K/uL	—	SRFAC
Abs. Basophil	0.1	0.0 - 0.2 K/uL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CBC WITH AUTOMATED DIFFERENTIAL [841193188] (Final result)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132
Ordering user: Press, Ann Katz, MD 12/06/17 1132
Authorized by: Press, Ann Katz, MD
Class: IP Lab Collect
Lab status: Final result

Ordering provider: Press, Ann Katz, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Press, Ann Katz, MD (auto-released)
12/8/2017 10:30 PM

Status: Completed

Specimen Information

ID	Type	Source	Collected By
S838041_CBCA _2017120822110 0	Blood	Blood	17022 12/09/17 0510

**CBC with Automated Differential Routine Daily in a.m. [841193188]
(Abnormal)**

Resulted: 12/09/17 0537, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 2230
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 0538
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: 17022 12/09/17 0510

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	18.5	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count	4.00	4.40 - 6.00 M/uL	L	SRFAC
Hemoglobin	10.8	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit	32.1	40.0 - 52.0 %	L	SRFAC
MCV	80	80 - 100 fL	—	SRFAC
MCH	27.0	27.0 - 33.0 pg	—	SRFAC
MCHC	33.6	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.7	<16.4 %	—	SRFAC
Platelet Count	641	150 - 400 K/uL	H	SRFAC
Differential Type	Automated	—	—	SRFAC
Neutrophil %	79	49.0 - 74.0 %	H	SRFAC
Lymphocyte %	12	26.0 - 46.0 %	L	SRFAC
Monocyte %	7	2.0 - 12.0 %	—	SRFAC
Eosinophil %	2	0.0 - 5.0 %	—	SRFAC
Basophil %	0	0.0 - 2.0 %	—	SRFAC
Abs. Neutrophil	14.7	2.0 - 8.0 K/uL	H	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

Abs. Lymphocyte	2.1	1.0 - 5.1 K/uL	—	SRFAC
Abs. Monocyte	1.2	0.0 - 0.8 K/uL	H	SRFAC
Abs. Eosinophil	0.4	0.0 - 0.5 K/uL	—	SRFAC
Abs. Basophil	0.1	0.0 - 0.2 K/uL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CBC WITH AUTOMATED DIFFERENTIAL [840379470] (Edited Result - FINAL)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132 Status: Completed
 Ordering user: Press, Ann Katz, MD 12/06/17 1132 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP Lab Collect Quantity: 1
 Lab status: Edited Result - FINAL Instance released by: Press, Ann Katz, MD (auto-released)
 12/7/2017 10:30 PM

Specimen Information

ID	Type	Source	Collected By
F808403_CBCA _2017120722110 0	Blood	Blood	17321 12/08/17 0434

CBC with Automated Differential Routine Daily in a.m. [840379470]
(Abnormal)

Resulted: 12/08/17 0505, Result status: Edited
Result - FINAL

Ordering provider: Press, Ann Katz, MD 12/07/17 2230 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 0505 Collected by: 17321 12/08/17 0434
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	20.9	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count	3.84	4.40 - 6.00 M/uL	L	SRFAC
Hemoglobin	10.4	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit	30.6	40.0 - 52.0 %	L	SRFAC
MCV	80	80 - 100 fL	—	SRFAC
MCH	27.1	27.0 - 33.0 pg	—	SRFAC
MCHC	34.0	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.6	<16.4 %	—	SRFAC
Platelet Count	603	150 - 400 K/uL	H	SRFAC
Differential Type	Automated	—	—	SRFAC
Neutrophil %	74	49.0 - 74.0 %	H	SRFAC
Lymphocyte %	16	26.0 - 46.0 %	L	SRFAC
Monocyte %	8	2.0 - 12.0 %	—	SRFAC
Eosinophil %	2	0.0 - 5.0 %	—	SRFAC
Basophil %	0	0.0 - 2.0 %	—	SRFAC
Abs. Neutrophil	15.6	2.0 - 8.0 K/uL	H	SRFAC
Abs. Lymphocyte	3.2	1.0 - 5.1 K/uL	—	SRFAC
Abs. Monocyte	1.7	0.0 - 0.8 K/uL	H	SRFAC
Abs. Eosinophil	0.4	0.0 - 0.5 K/uL	—	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Abs. Basophil	0.0	0.0 - 0.2 K/uL	—	SRFAC
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CBC WITH AUTOMATED DIFFERENTIAL [840379452] (Edited Result - FINAL)

Electronically signed by: Press, Ann Katz, MD on 12/06/17 1132 Status: Completed
 Ordering user: Press, Ann Katz, MD 12/06/17 1132
 Authorized by: Press, Ann Katz, MD
 Class: IP Lab Collect
 Lab status: Edited Result - FINAL
 Ordering provider: Press, Ann Katz, MD
 Ordering mode: Standard
 Quantity: 1
 Instance released by: Press, Ann Katz, MD (auto-released)
 12/6/2017 10:30 PM

Specimen Information

ID	Type	Source	Collected By
H558035_CBCA _2017120622120 0	Blood	Blood	17330 12/07/17 0742

CBC with Automated Differential Routine Daily in a.m. [840379452] (Abnormal)

Resulted: 12/07/17 0823, Result status: Edited
Result - FINAL

Ordering provider: Press, Ann Katz, MD 12/06/17 2230 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1127 Collected by: 17330 12/07/17 0742
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count Comment: Corrected on 12/07 AT 0823: Previously reported as 16.9	17.0	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count Comment: Corrected on 12/07 AT 0823: Previously reported as 4.06	4.17	4.40 - 6.00 M/uL	L	SRFAC
Hemoglobin	11.0	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit Comment: Corrected on 12/07 AT 0823: Previously reported as 32.6	33.4	40.0 - 52.0 %	L	SRFAC
MCV	80	80 - 100 fL	—	SRFAC
MCH Comment: Corrected on 12/07 AT 0823: Previously reported as 27.1	26.4	27.0 - 33.0 pg	L	SRFAC
MCHC Comment: Corrected on 12/07 AT 0823: Previously reported as 33.7	32.9	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.4	<16.4 %	—	SRFAC
Platelet Count Comment: Corrected on 12/07 AT 0823: Previously reported as 539	562	150 - 400 K/uL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA	10/27/14 1342 - 01/03/18 1145



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

95403

CBC WITH AUTOMATED DIFFERENTIAL [839734774] (Final result)

Electronically signed by: Lamb, Kenneth C, MD on 12/05/17 1128

Status: Completed

Ordering user: Lamb, Kenneth C, MD 12/05/17 1128

Ordering provider: Lamb, Kenneth C, MD

Authorized by: Lamb, Kenneth C, MD

Ordering mode: Standard

Class: IP Lab Collect

Quantity: 1

Lab status: Final result

Instance released by: Thingvoll, John W, RN (auto-released)
12/5/2017 10:31 PM

Specimen Information

ID	Type	Source	Collected By
W988068_CBCA _2017120522120 0	Blood	Blood	17268 12/06/17 0548

**CBC with Automated Differential Routine Tomorrow AM [839734774]
(Abnormal)**

Resulted: 12/06/17 0611, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 2231

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 0611

Collected by: 17268 12/06/17 0548

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	12.4	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count	3.80	4.40 - 6.00 M/uL	L	SRFAC
Hemoglobin	10.1	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit	30.0	40.0 - 52.0 %	L	SRFAC
MCV	79	80 - 100 fL	L	SRFAC
MCH	26.6	27.0 - 33.0 pg	L	SRFAC
MCHC	33.7	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.2	<16.4 %	—	SRFAC
Platelet Count	433	150 - 400 K/uL	H	SRFAC
Differential Type	Automated	—	—	SRFAC
Neutrophil %	75	49.0 - 74.0 %	—	SRFAC
Lymphocyte %	16	26.0 - 46.0 %	L	SRFAC
Monocyte %	8	2.0 - 12.0 %	—	SRFAC
Eosinophil %	1	0.0 - 5.0 %	—	SRFAC
Basophil %	0	0.0 - 2.0 %	—	SRFAC
Abs. Neutrophil	9.2	2.0 - 8.0 K/uL	H	SRFAC
Abs. Lymphocyte	2.0	1.0 - 5.1 K/uL	—	SRFAC
Abs. Monocyte	1.0	0.0 - 0.8 K/uL	H	SRFAC
Abs. Eosinophil	0.2	0.0 - 0.5 K/uL	—	SRFAC
Abs. Basophil	0.0	0.0 - 0.2 K/uL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

CBC WITH AUTOMATED DIFFERENTIAL [839733560] (Final result)

Electronically signed by: Altaf, Mujeeb, MD on 12/04/17 1923
Ordering user: Altaf, Mujeeb, MD 12/04/17 1923
Authorized by: Altaf, Mujeeb, MD
Class: IP Lab Collect
Lab status: Final result

Status: Completed

Ordering provider: Altaf, Mujeeb, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Pershina, Allan Jared, RN (auto-released)
12/5/2017 12:47 AM

Specimen Information

ID	Type	Source	Collected By
T500191_CBCA _2017120500470 0	Blood	Blood	17330 12/05/17 0114

CBC with Automated Differential Routine Tomorrow AM [839733560]
(Abnormal)

Resulted: 12/05/17 0133. Result status: Final result

Ordering provider: Altaf, Mujeeb, MD 12/05/17 0047
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 0133
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: 17330 12/05/17 0114

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	14.8	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count	4.06	4.40 - 6.00 M/uL	L	SRFAC
Hemoglobin	10.8	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit	32.6	40.0 - 52.0 %	L	SRFAC
MCV	80	80 - 100 fL	—	SRFAC
MCH	26.6	27.0 - 33.0 pg	L	SRFAC
MCHC	33.1	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.2	<16.4 %	—	SRFAC
Platelet Count	389	150 - 400 K/uL	—	SRFAC
Differential Type	Automated	—	—	SRFAC
Neutrophil %	81	49.0 - 74.0 %	H	SRFAC
Lymphocyte %	10	26.0 - 46.0 %	L	SRFAC
Monocyte %	9	2.0 - 12.0 %	—	SRFAC
Eosinophil %	0	0.0 - 5.0 %	—	SRFAC
Basophil %	0	0.0 - 2.0 %	—	SRFAC
Abs. Neutrophil	11.9	2.0 - 8.0 K/uL	H	SRFAC
Abs. Lymphocyte	1.5	1.0 - 5.1 K/uL	—	SRFAC
Abs. Monocyte	1.3	0.0 - 0.8 K/uL	H	SRFAC
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	—	SRFAC
Abs. Basophil	0.0	0.0 - 0.2 K/uL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

ESR, ERYTHROCYTE SEDIMENTATION RATE [839733565] (Final result)

Electronically signed by: Altaf, Mujeeb, MD on 12/04/17 1923
Ordering user: Altaf, Mujeeb, MD 12/04/17 1923

Status: Completed

Ordering provider: Altaf, Mujeeb, MD

Printed by [S18787] at 1/7/20 11:19 AM

Page 85



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Authorized by: Altaf, Mujeeb, MD
Class: IP Lab Collect
Lab status: Final result

Ordering mode: Standard
Quantity: 1
Instance released by: Pershina, Allan Jared, RN (auto-released)
12/5/2017 12:47 AM

Specimen Information

ID	Type	Source	Collected By
T500191_ESR_2 0171205004700	Blood	Blood	17330 12/05/17 0114

ESR, Erythrocyte Sedimentation Rate Routine Tomorrow AM
[839733565] (Abnormal)

Resulted: 12/05/17 0211, Result status: Final result

Ordering provider: Altaf, Mujeeb, MD 12/05/17 0047

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 0211

Collected by: 17330 12/05/17 0114

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
ESR	87	0 - 10 mm/hr	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CELL COUNT, FLUID [839579496] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1705

Status: Completed

Ordering user: O'Connell, Dennis E, PA 12/04/17 1705

Ordering provider: O'Connell, Dennis E, PA

Authorized by: O'Connell, Dennis E, PA

Ordering mode: Standard

Class: IP Unit Collect

Quantity: 1

Lab status: Final result

Instance released by: O'Connell, Dennis E, PA (auto-released)
12/4/2017 5:05 PM

Order comments: Right knee

Specimen Information

ID	Type	Source	Collected By
M967599_FCT_2 0171204170500	Miscellaneous	Synovial Fluid	17990 12/04/17 1730

Cell Count, Fluid STAT Once [839579496]

Resulted: 12/04/17 1822, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1705

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1822

Collected by: 17990 12/04/17 1730

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Fluid Type	RIGHT KNEE JOINT FLUID	—	—	SRFAC
Fluid Appearance	CLOUDY	—	—	SRFAC



SUTTER SANTA ROSA
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30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 1 of 2) (continued)

Fluid WBCs	156.738	/cumm	—	SRFAC
Fluid RBCs	10.000	/cumm	—	SRFAC
Fluid PMNs	93	%	—	SRFAC
Fluid Lymphocytes	5	%	—	SRFAC
Fluid Monocytes	2	%	—	SRFAC
Fluid Eosinophils	0	%	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CRYSTAL EXAMINATION, FLUID, SYNOVIAL [839579497] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1705 Status: Completed
 Ordering user: O'Connell, Dennis E, PA 12/04/17 1705 Ordering provider: O'Connell, Dennis E, PA
 Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
 Class: IP Unit Collect Quantity: 1
 Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
 12/4/2017 5:05 PM

Order comments: Right knee

Specimen Information

ID	Type	Source	Collected By
M967601_SFCR YB_2017120417 0500	Synovial fluid	Synovial Fluid	17990 12/04/17 1700

Crystal Examination, Fluid, Synovial STAT Once [839579497]

Resulted: 12/04/17 1755, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1705 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1756 Collected by: 17990 12/04/17 1700
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Site	RIGHT KNEE FLUID	—	—	SRFAC
Synovial Fluid Crystals	NO CRYSTALS PRESENT	—	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145



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SANTA ROSA CA 95403-1436

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Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 1 of 2) (continued)

CBC WITH AUTOMATED DIFFERENTIAL [839579471] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
Ordering user: O'Connell, Dennis E, PA 12/04/17 1520 Ordering provider: O'Connell, Dennis E, PA
Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
Class: IP Lab Collect Quantity: 1
Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
12/4/2017 3:20 PM

Specimen Information

ID	Type	Source	Collected By
M964388_CBCA _2017120415210 0	Blood	Blood	Stipanov, Lindsay Joan, RN 12/04/17 1601

CBC with Automated Differential STAT Once [839579471] (Abnormal) Resulted: 12/04/17 1618, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1618 Collected by: Stipanov, Lindsay Joan, RN 12/04/17 1601
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
White Blood Cell Count	13.9	4.0 - 11.0 K/uL	H	SRFAC
Red Blood Cell Count	4.60	4.40 - 6.00 M/uL	—	SRFAC
Hemoglobin	12.5	13.5 - 18.0 g/dL	L	SRFAC
Hematocrit	36.6	40.0 - 52.0 %	L	SRFAC
MCV	80	80 - 100 fL	—	SRFAC
MCH	27.2	27.0 - 33.0 pg	—	SRFAC
MCHC	34.2	31.0 - 36.0 g/dL	—	SRFAC
RDW	13.1	<16.4 %	—	SRFAC
Platelet Count	406	150 - 400 K/uL	H	SRFAC
Differential Type	Automated	—	—	SRFAC
Neutrophil %	80	49.0 - 74.0 %	H	SRFAC
Lymphocyte %	11	26.0 - 46.0 %	L	SRFAC
Monocyte %	9	2.0 - 12.0 %	—	SRFAC
Eosinophil %	0	0.0 - 5.0 %	—	SRFAC
Basophil %	0	0.0 - 2.0 %	—	SRFAC
Abs. Neutrophil	11.0	2.0 - 8.0 K/uL	H	SRFAC
Abs. Lymphocyte	1.5	1.0 - 5.1 K/uL	—	SRFAC
Abs. Monocyte	1.3	0.0 - 0.8 K/uL	H	SRFAC
Abs. Eosinophil	0.1	0.0 - 0.5 K/uL	—	SRFAC
Abs. Basophil	0.0	0.0 - 0.2 K/uL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

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Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2)

LAB MICROBIOLOGY

CULTURE, BLOOD [839734781] (Final result)

Electronically signed by: Yang, Shu-Qing, MD on 12/06/17 1038
Ordering user: Yang, Shu-Qing, MD 12/06/17 1038
Authorized by: Yang, Shu-Qing, MD
Class: IP Lab Collect
Lab status: Final result

Status: Completed

Ordering provider: Yang, Shu-Qing, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Yang, Shu-Qing, MD (auto-released)
12/6/2017 10:38 AM

Order comments: Two sets peripheral draw. No lactate

Specimen Information

ID	Type	Source	Collected By
W1000436_BC_20171206103800	Blood	Other	17286 12/06/17 1325
Comment: ram			

Culture, Blood Routine Q15 Min [839734781]

Resulted: 12/11/17 0655, Result status: Final result

Ordering provider: Yang, Shu-Qing, MD 12/06/17 1038
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/11/17 0655
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: 17286 12/06/17 1325

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
CULTURE	No growth 5 days	—	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CULTURE, BLOOD [839734782] (Final result)

Electronically signed by: Yang, Shu-Qing, MD on 12/06/17 1038
Ordering user: Yang, Shu-Qing, MD 12/06/17 1038
Authorized by: Yang, Shu-Qing, MD
Class: IP Lab Collect
Lab status: Final result

Status: Completed

Ordering provider: Yang, Shu-Qing, MD
Ordering mode: Standard
Quantity: 1
Instance released by: Yang, Shu-Qing, MD (auto-released)
12/6/2017 10:38 AM

Order comments: Two sets peripheral draw. No lactate

Specimen Information

ID	Type	Source	Collected By
W1000439_BC_20171206103800	Blood	Other	17286 12/06/17 1315
Comment: RARM			

Culture, Blood Routine Q15 Min [839734782]

Resulted: 12/11/17 0655, Result status: Final result

Ordering provider: Yang, Shu-Qing, MD 12/06/17 1038
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/11/17 0655
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: 17286 12/06/17 1315



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REGIONAL HOSPITAL
30 Mark West Springs Road
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Galvez, Enrique
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Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 2 of 2) (continued)

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
CULTURE	No growth 5 days	—	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CULTURE, MRSA SCREEN [839734738] (Final result)

Electronically signed by: Lamb, Kenneth C, MD on 12/05/17 0038 Status: Completed
 Ordering user: Lamb, Kenneth C, MD 12/05/17 0038 Ordering provider: Lamb, Kenneth C, MD
 Authorized by: Lamb, Kenneth C, MD Ordering mode: Standard
 Class: IP Unit Collect Quantity: 1
 Lab status: Final result Instance released by: Pershina, Allan Jared, RN (auto-released) 12/5/2017 12:47 AM

Specimen Information

ID	Type	Source	Collected By
T500196_MRSA S_20171205004 800	Nares	Nares	17990 12/05/17 0035

Culture, MRSA Screen Routine Once [839734738]

Resulted: 12/06/17 1238, Result status: Final result

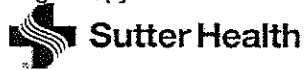
Ordering provider: Lamb, Kenneth C, MD 12/05/17 0047 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 1238 Collected by: 17990 12/05/17 0035
 Resulting lab: CPMC PACIFIC LAB

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
CULTURE	No methicillin (oxacillin) resistant Staph aureus isolated	—	—	MEPAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia-Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL	Thomas Jackson, M.D.	30 Mark West Springs Road	10/27/14 1342 - 01/03/18 1145



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Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

HOSPITAL

SANTA ROSA CA
95403

CULTURE, BODY FLUID, AER & ANAER W/ SMEAR [839694056] (Edited Result - FINAL)

Electronically signed by: Bennett, Frederick S, MD on 12/05/17 1734

Status: Completed

Mode: Ordering in Verbal mode

Ordering user: Sussingham, Elaine M, RN 12/04/17 2154

Authorized by: Bennett, Frederick S, MD

Class: IP Unit Collect

Lab status: Edited Result - FINAL

Communicated by: Sussingham, Elaine M, RN

Ordering provider: Bennett, Frederick S, MD

Ordering mode: Verbal

Quantity: 1

Instance released by: Sussingham, Elaine M, RN (auto-released) 12/4/2017 9:54 PM

Order comments: Right Calf surgical site

Specimen Information

ID	Type	Source	Collected By
M972766_FLDC A_20171204215 400	Surgical Site	Other	Sussingham, Elaine M, RN 12/04/17 2140
Comment: R CALF			

Culture, Body Fluid, Aer & Anaer w/ Smea STAT Once [839694056]
(Abnormal)

Resulted: 12/07/17 1008, Result status: Edited
Result - FINAL

Ordering provider: Bennett, Frederick S, MD 12/04/17 2154

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1206

Collected by: Sussingham, Elaine M, RN 12/04/17 2140

Resulting lab: CPMC PACIFIC LAB

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	GEL SWAB RECD	—	—	MEPAC
GRAM STAIN	Moderate WBCs	—	—	MEPAC
GRAM STAIN	Many RBCs	—	—	MEPAC
GRAM STAIN	Moderate Gram Positive Cocci	—	A	MEPAC
GRAM STAIN	Note Results called and faxed to Nicole at Sutter Santa Rosa 11:50am 12/05/2017 //ff	—	—	MEPAC
CULTURE	2+ Staphylococ cus aureus	—	A	MEPAC
CULTURE	No Anaerobes isolated	—	—	MEPAC

Sensitivities

Organism	Antibiotic	Sensitivity
Staphylococcus aureus MICROBIOLOGY MIC	Clindamycin	<=0.25 Sensitive



SUTTER SANTA ROSA
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Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Staphylococcus aureus MICROBIOLOGY MIC	Erythromycin	0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Gentamicin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Oxacillin	0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Penicillin	Resistant
Staphylococcus aureus MICROBIOLOGY MIC	Rifampin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Tetracycline	<=1 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Trimethoprim/Sulfa	<=10 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Vancomycin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Ciprofloxacin	<=0.5 Sensitive

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia- Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present

CULTURE, BODY FLUID, AER & ANAER W/ SMEAR [839694076] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/04/17 2046 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 2046 Ordering provider: Altaf, Mujeeb, MD
Authorized by: Altaf, Mujeeb, MD Ordering mode: Standard
Class: IP Unit Collect Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/4/2017 11:00 PM

Specimen Information

ID	Type	Source	Collected By
M973390_FLDC A_20171204230 000	Surgical Site	Other	17990 12/04/17 2046
Comment: R KNEE			

Culture, Body Fluid, Aer & Anaer w/ Smea [839694076] (Abnormal) Resulted: 12/07/17 1207, Result status: Final result

Ordering provider: Altaf, Mujeeb, MD 12/04/17 2046 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1207 Collected by: 17990 12/04/17 2046
Resulting lab: CPMC PACIFIC LAB

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	GEL SWAB RECD	—	—	MEPAC
GRAM STAIN	Many WBCs	—	—	MEPAC
GRAM STAIN	Many RBCs	—	—	MEPAC
GRAM STAIN	Moderate Gram Positive	—	A	MEPAC



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Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

GRAM STAIN	Cocci			
	Note Results called and faxed to Nicole at Sutter Santa Rosa 11:50am 12/05/17 //ff	---	---	MEPAC
CULTURE	1+ Staphylococcus aureus, Refer to previous culture for susceptibility results	---	A	MEPAC
CULTURE	No Anaerobes isolated	---	---	MEPAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia-Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present

URINALYSIS & CULT IF INDICATED [839579477] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
 Ordering user: O'Connell, Dennis E, PA 12/04/17 1520 Ordering provider: O'Connell, Dennis E, PA
 Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
 Class: IP Unit Collect Quantity: 1
 Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released) 12/4/2017 3:20 PM

Specimen Information

ID	Type	Source	Collected By
M964399_UAC_20171204152100	Urine	Clean Catch Urine	17990 12/04/17 1730

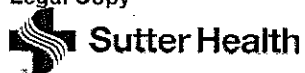
Urinalysis & Cult if Indicated STAT Once [839579477] (Abnormal)

Resulted: 12/04/17 1757, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/04/17 1757 Collected by: 17990 12/04/17 1730
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Urine Color	Yellow	---	---	SRFAC
Urine Appearance	Clear	---	---	SRFAC
Urine Specific Gravity	1.010	1.000 - 1.030	---	SRFAC
Urine pH	8.0	5.0 - 7.0	H	SRFAC
Urine Leukocyte Esterase	Neg	Neg	---	SRFAC
Urine Nitrites	Neg	Neg	---	SRFAC
Urine Protein	Trace	Neg	A	SRFAC



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Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Urine Glucose	500	Neg	A	SRFAC
Urine Ketones	Neg	Neg	—	SRFAC
Urine Urobilinogen	1.0	0.1 - 1.0 EU/dL	—	SRFAC
Urine Bilirubin	Neg	Neg	—	SRFAC
Urine Blood	Neg	Neg	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CULTURE, BODY FLUID, AER & ANAER W/ SMEAR [839579495] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1705 Status: Completed
Ordering user: O'Connell, Dennis E, PA 12/04/17 1705 Ordering provider: O'Connell, Dennis E, PA
Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
Class: IP Unit Collect Quantity: 1
Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
12/4/2017 5:05 PM

Order comments: Right knee

Specimen Information

ID	Type	Source	Collected By
M967596_FLDC A_20171204170 500	Fluid-Joint	Other	17990 12/04/17 1700
Comment: FLUID REC'D			

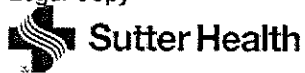
Culture, Body Fluid, Aer & Anaer w/ Smea STAT Once [839579495]
(Abnormal)

Resulted: 12/07/17 1015, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1705 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 1249 Collected by: 17990 12/04/17 1700
Resulting lab: CPMC PACIFIC LAB

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
GRAM STAIN	Moderate WBCs	—	—	MEPAC
GRAM STAIN	Few Gram Positive Cocci	—	A	MEPAC
CULTURE	2+ Staphylococcus aureus	—	A	MEPAC
CULTURE	No Anaerobes isolated	—	—	MEPAC
CULTURE Result: Note	Results called and faxed to Nicole at Sutter Santa Rosa 9:05am 12/6/17 //ff	—	—	MEPAC



SUTTER SANTA ROSA
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Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Sensitivities

Organism	Antibiotic	Sensitivity
Staphylococcus aureus MICROBIOLOGY MIC	Clindamycin	<=0.25 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Erythromycin	0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Gentamicin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Oxacillin	0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Penicillin	Resistant
Staphylococcus aureus MICROBIOLOGY MIC	Rifampin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Tetracycline	<=1 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Trimethoprim/Sulfa	<=10 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Vancomycin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Ciprofloxacin	<=0.5 Sensitive

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia- Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GRAM STAIN [839579504] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1742 Status: Completed
 Ordering user: O'Connell, Dennis E, PA 12/04/17 1742 Ordering provider: O'Connell, Dennis E, PA
 Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
 Class: IP Unit Collect Quantity: 1
 Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
 12/4/2017 5:42 PM

Order comments: Right knee

Specimen Information

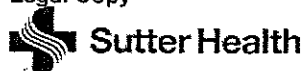
ID	Type	Source	Collected By
M968720_GS_2 0171204174400	Synovial fluid	Synovial Fluid	17990 12/04/17 1700

Gram Stain STAT Once [839579504]

Resulted: 12/04/17 2058, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1742 Order status: Completed
 Filed by: Ifc, Ehr Wb ip Sq Lab Results In 12/04/17 2058 Collected by: 17990 12/04/17 1700
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
GRAM STAIN	Many WBCs	—	—	SRFAC
GRAM STAIN	Few Gram Positive Cocci in clusters	—	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

CULTURE, BLOOD [839579476] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
 Ordering user: O'Connell, Dennis E, PA 12/04/17 1520
 Authorized by: O'Connell, Dennis E, PA
 Class: IP Lab Collect
 Lab status: Final result
 Ordering provider: O'Connell, Dennis E, PA
 Ordering mode: Standard
 Quantity: 1
 Instance released by: O'Connell, Dennis E, PA (auto-released)
 12/4/2017 3:20 PM

Order comments: 2 Sets / 2 Sites

Specimen Information

ID	Type	Source	Collected By
M964398_BC_20 171204152100	Blood	Other	17192 12/04/17 1610
Comment: LAC			

Culture, Blood STAT Q1 Min [839579476] (Abnormal)

Resulted: 12/09/17 0805, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/10/17 1630
 Resulting lab: CPMC PACIFIC LAB
 Acknowledged by
 Bowen, Janice L, RN on 12/10/17 1714
 Loh, Alicia, RPh on 12/10/17 1726
 Order status: Completed
 Collected by: 17192 12/04/17 1610

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
CULTURE	Staphylococcus aureus in the aerobic bottle, Refer to previous culture for susceptibility results	—	A	MEPAC
CULTURE Result:	—	—	—	MEPAC
Note				
PREVIOUSLY CALLED				



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

TTD 02:22:55 AEROBIC BOTTLE

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia-Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

All Reviewers List

Loh, Alicia, RPh on 12/10/2017 5:28 PM
Bowen, Janice L, RN on 12/10/2017 5:14 PM

CULTURE, BLOOD [839579475] (Final result)

Electronically signed by: O'Connell, Dennis E, PA on 12/04/17 1520 Status: Completed
Ordering user: O'Connell, Dennis E, PA 12/04/17 1520 Ordering provider: O'Connell, Dennis E, PA
Authorized by: O'Connell, Dennis E, PA Ordering mode: Standard
Class: IP Lab Collect Quantity: 1
Lab status: Final result Instance released by: O'Connell, Dennis E, PA (auto-released)
12/4/2017 3:20 PM

Order comments: 2 Sets / 2 Sites

Specimen Information

ID	Type	Source	Collected By
M964395_BC_20 171204152100	Blood	Other	Stipanov, Lindsay Joan, RN 12/04/17 1601
Comment: UNK			

Culture, Blood STAT Q1 Min [839579475] (Abnormal)

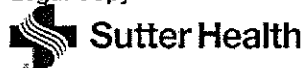
Resulted: 12/08/17 0738, Result status: Final result

Ordering provider: O'Connell, Dennis E, PA 12/04/17 1520 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/10/17 1630 Collected by: Stipanov, Lindsay Joan, RN 12/04/17 1601
Resulting lab: CPMC PACIFIC LAB
Acknowledged by
Loh, Alicia, RPh on 12/10/17 1722
Press, Ann Katz, MD on 12/10/17 1730

Components

Component	Value	Reference Range	Flag	Lab
Special Requests	None	—	—	SRFAC
CULTURE	Staphylococcus aureus in the aerobic bottle	—	A	MEPAC
CULTURE	—	—	—	MEPAC
Result:				
Note				
TTD 01:15:53 AEROBIC				

CALLED TO AND READBACK BY STEVE AT 1012/AR



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Sensitivities

Organism	Antibiotic	Sensitivity
Staphylococcus aureus MICROBIOLOGY MIC	Clindamycin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Erythromycin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Gentamicin	<=2 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Oxacillin	0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Rifampin	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Tetracycline	<=0.5 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Trimethoprim/Sulfa	<=1/19 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Vancomycin	1 Sensitive
Staphylococcus aureus MICROBIOLOGY MIC	Levofloxacin	<=0.5 Sensitive

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
153 - MEPAC	CPMC PACIFIC LAB	Richard Garcia-Kennedy, MD	2333 BUCHANAN ST SAN FRANCISCO CA 94115	01/19/09 1948 - Present
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

All Reviewers List

Press, Ann Katz, MD on 12/10/2017 5:31 PM
Loh, Alicia, RPh on 12/10/2017 5:27 PM

LAB POC

GLUCOSE, POC [841193210] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/10/17 0824

Status: Completed

Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/10/17 0824

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP POC

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 12/10/2017 8:29 AM

Specimen Information

ID	Type	Source	Collected By
X883752_POCG LU_2017121008 2900	Blood	—	12/10/17 0824

Glucose, POC [841193210] (Abnormal)

Resulted: 12/10/17 0829, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/10/17 0824

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/10/17 0829

Collected by: 12/10/17 0824



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	125	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [841193205] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/09/17 2112 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 2112 Ordering provider: Press, Ann Katz, MD
Authorized by: Press, Ann Katz, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/9/2017 10:03 PM

Specimen Information

ID	Type	Source	Collected By
S856284_POCG LU_2017120922 0300	Blood	—	12/09/17 2112

Glucose, POC [841193205] (Abnormal)

Resulted: 12/09/17 2203, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/09/17 2112 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 2203 Collected by: 12/09/17 2112
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	192	70 - 99 mg/dL	H	SRFAC

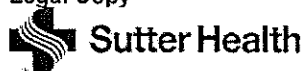
Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [841193203] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/09/17 1720 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 1720 Ordering provider: Press, Ann Katz, MD
Authorized by: Press, Ann Katz, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/9/2017 7:25 PM

Specimen Information



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

ID	Type	Source	Collected By
S854710_POCC LU_2017120919 2500	Blood	—	12/09/17 1720

Glucose, POC [841193203] (Abnormal)

Resulted: 12/09/17 1925, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/09/17 1720

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 1925

Collected by: 12/09/17 1720

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	177	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [841193200] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/09/17 1404

Status: Completed

Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 1404

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP POC

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 12/9/2017 2:13 PM

Specimen Information

ID	Type	Source	Collected By
S851105_POCC LU_2017120914 1300	Blood	—	12/09/17 1404

Glucose, POC [841193200] (Abnormal)

Resulted: 12/09/17 1413, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/09/17 1404

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 1413

Collected by: 12/09/17 1404

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	189	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

GLUCOSE, POC [841193192] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/09/17 0838 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 0838 Ordering provider: Press, Ann Katz, MD
Authorized by: Press, Ann Katz, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/9/2017 8:53 AM

Specimen Information

ID	Type	Source	Collected By
S844582_POCG LU_2017120908 5300	Blood	—	12/09/17 0838

Glucose, POC [841193192]

Resulted: 12/09/17 0853, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/09/17 0838 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/09/17 0854 Collected by: 12/09/17 0838
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	99	70 - 99 mg/dL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [841193190] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/08/17 2217 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 2217 Ordering provider: Press, Ann Katz, MD
Authorized by: Press, Ann Katz, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/8/2017 11:55 PM

Specimen Information

ID	Type	Source	Collected By
F839264_POCG LU_2017120823 5500	Blood	—	12/08/17 2217

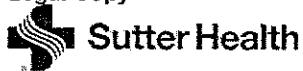
Glucose, POC [841193190] (Abnormal)

Resulted: 12/08/17 2355, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 2217 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 2355 Collected by: 12/08/17 2217
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	151	70 - 99 mg/dL	H	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [841193187] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/08/17 1826 Status: **Completed**
 Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 1826 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP POC Quantity: 1
 Lab status: Final result Instance released by: (auto-released) 12/8/2017 10:14 PM

Specimen Information

ID	Type	Source	Collected By
F838500_POCG LU_2017120822 1400	Blood	—	12/08/17 1826

Glucose, POC [841193187] (Abnormal)

Resulted: 12/08/17 2214, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 1826 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 2214 Collected by: 12/08/17 1826
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	144	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [841193182] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/08/17 1304 Status: **Completed**
 Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 1304 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP POC Quantity: 1
 Lab status: Final result Instance released by: (auto-released) 12/8/2017 1:09 PM

Specimen Information

ID	Type	Source	Collected By
F827064_POCG LU_2017120813 0900	Blood	—	12/08/17 1304

Glucose, POC [841193182] (Abnormal)

Resulted: 12/08/17 1309, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 1304 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 1309 Collected by: 12/08/17 1304



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 2 of 2) (continued)

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	174	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [841193176] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/08/17 0944 Status: **Completed**
 Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 0944 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP POC Quantity: 1
 Lab status: Final result Instance released by: (auto-released) 12/8/2017 9:49 AM

Specimen Information

ID	Type	Source	Collected By
F819300_POCG LU_2017120809 4900	Blood	—	12/08/17 0944

Glucose, POC [841193176] (Abnormal)

Resulted: 12/08/17 0949, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 0944 Order status: Completed
 Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 0949 Collected by: 12/08/17 0944
 Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	118	70 - 99 mg/dL	H	SRFAC

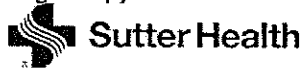
Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [840379472] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/08/17 0705 Status: **Completed**
 Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 0705 Ordering provider: Press, Ann Katz, MD
 Authorized by: Press, Ann Katz, MD Ordering mode: Standard
 Class: IP POC Quantity: 1
 Lab status: Final result Instance released by: (auto-released) 12/8/2017 8:00 AM

Specimen Information



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 2 of 2) (continued)

ID	Type	Source	Collected By
F814612_POCG LU_2017120808 0000	Blood	—	12/08/17 0705

Glucose, POC [840379472]

Resulted: 12/08/17 0800, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/08/17 0705
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/08/17 0800
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Order status: Completed
Collected by: 12/08/17 0705

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	89	70 - 99 mg/dL	—	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [840379467] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/07/17 2133
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 2133
Authorized by: Press, Ann Katz, MD
Class: IP POC
Lab status: Final result

Status: Completed

Ordering provider: Press, Ann Katz, MD
Ordering mode: Standard
Quantity: 1
Instance released by: (auto-released) 12/7/2017 9:39 PM

Specimen Information

ID	Type	Source	Collected By
H587763_POCG LU_2017120721 3900	Blood	—	12/07/17 2133

Glucose, POC [840379467] (Abnormal)

Resulted: 12/07/17 2139, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 2133
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 2139
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

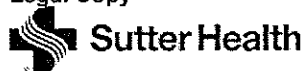
Order status: Completed
Collected by: 12/07/17 2133

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	155	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145



SUTTER SANTA ROSA
REGIONAL HOSPITAL
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SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

GLUCOSE, POC [840379464] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/07/17 1834

Status: Completed

Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1834

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP POC

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 12/7/2017 6:42 PM

Specimen Information

ID	Type	Source	Collected By
H585103_POCG	Blood	—	12/07/17 1834
LU_2017120718			
4200			

Glucose, POC [840379464] (Abnormal)

Resulted: 12/07/17 1842, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 1834

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1842

Collected by: 12/07/17 1834

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	146	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [840379460] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/07/17 1241

Status: Completed

Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1241

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP POC

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 12/7/2017 12:46 PM

Specimen Information

ID	Type	Source	Collected By
H575410_POCG	Blood	—	12/07/17 1241
LU_2017120712			
4600			

Glucose, POC [840379460] (Abnormal)

Resulted: 12/07/17 1246, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 1241

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 1246

Collected by: 12/07/17 1241

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	184	70 - 99 mg/dL	H	SRFAC



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [840379456] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/07/17 0659 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 0659 Ordering provider: Press, Ann Katz, MD
Authorized by: Press, Ann Katz, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/7/2017 7:37 AM

Specimen Information

ID	Type	Source	Collected By
H563280_POCG LU_2017120707 3700	Blood	—	12/07/17 0659

Glucose, POC [840379456] (Abnormal)

Resulted: 12/07/17 0737, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 0659 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 0737 Collected by: 12/07/17 0659
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	130	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [840379454] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/07/17 0021 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 0021 Ordering provider: Press, Ann Katz, MD
Authorized by: Press, Ann Katz, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/7/2017 2:31 AM

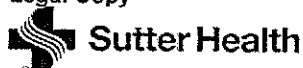
Specimen Information

ID	Type	Source	Collected By
H560262_POCG LU_2017120702 3100	Blood	—	12/07/17 0021

Glucose, POC [840379454] (Abnormal)

Resulted: 12/07/17 0231, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/07/17 0021 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/07/17 0231 Collected by: 12/07/17 0021



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 2 of 2) (continued)

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	149	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [840379446] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/06/17 1712

Status: Completed

Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 1712

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP POC

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 12/6/2017 5:36 PM

Specimen Information

ID	Type	Source	Collected By
W1013968_POC GLU_201712061 73600	Blood	—	12/06/17 1712

Glucose, POC [840379446] (Abnormal)

Resulted: 12/06/17 1736, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/06/17 1712

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 1736

Collected by: 12/06/17 1712

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	103	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [840379441] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/06/17 1203

Status: Completed

Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 1203

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

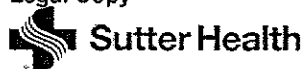
Class: IP POC

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 12/6/2017 1:08 PM

Specimen Information



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 2 of 2) (continued)

ID	Type	Source	Collected By
W1006189_POC GLU_201712061 30800	Blood	—	12/06/17 1203

Glucose, POC [840379441] (Abnormal)

Resulted: 12/06/17 1308, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/06/17 1203

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 1308

Collected by: 12/06/17 1203

Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	237	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [839734778] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/06/17 0929

Status: Completed

Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 0929

Ordering provider: Press, Ann Katz, MD

Authorized by: Press, Ann Katz, MD

Ordering mode: Standard

Class: IP POC

Quantity: 1

Lab status: Final result

Instance released by: (auto-released) 12/6/2017 9:34 AM

Specimen Information

ID	Type	Source	Collected By
W997765_POCG LU_2017120609 3400	Blood	—	12/06/17 0929

Glucose, POC [839734778] (Abnormal)

Resulted: 12/06/17 0934, Result status: Final result

Ordering provider: Press, Ann Katz, MD 12/06/17 0929

Order status: Completed

Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/06/17 0934

Collected by: 12/06/17 0929

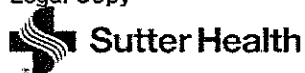
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	166	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain
View Suites (continued)

Labs (group 2 of 2) (continued)

GLUCOSE, POC [839734769] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/05/17 2042 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 2042 Ordering provider: Lamb, Kenneth C, MD
Authorized by: Lamb, Kenneth C, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/5/2017 8:50 PM

Specimen Information

ID	Type	Source	Collected By
T528607_POCG LU_2017120520 5000	Blood	—	12/05/17 2042

Glucose, POC [839734769] (Abnormal)

Resulted: 12/05/17 2050, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 2042 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 2050 Collected by: 12/05/17 2042
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	173	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

POC GLUCOSE [839734765] (Completed)

Electronically signed by: Lamb, Kenneth C, MD on 12/05/17 0038 Status: Completed
Ordering user: Lamb, Kenneth C, MD 12/05/17 0038 Ordering provider: Lamb, Kenneth C, MD
Authorized by: Lamb, Kenneth C, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Instance released by: Pershina, Ailan Jared, RN (auto-released) 12/5/2017 7:05 PM

Specimen Information

ID	Type	Source	Collected By
—	—	Blood	—

GLUCOSE, POC [839734767] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/05/17 1749 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 1749 Ordering provider: Lamb, Kenneth C, MD
Authorized by: Lamb, Kenneth C, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/5/2017 7:09 PM

Specimen Information

ID	Type	Source	Collected By
T527220_POCG LU_2017120519 0900	Blood	—	12/05/17 1749



SUTTER SANTA ROSA
REGIONAL HOSPITAL
30 Mark West Springs Road
SANTA ROSA CA 95403-1436

Galvez, Enrique
MRN: 62050112, DOB: 11/27/1969, Sex: M
Adm: 12/4/2017, D/C: 12/10/2017

12/04/2017 - ED to Hosp-Admission (Discharged) in Santa Rosa Regional Hospital Medical Surg East Mountain View Suites (continued)

Labs (group 2 of 2) (continued)

Glucose, POC [839734767] (Abnormal) Resulted: 12/05/17 1909, Result status: Final result
Ordering provider: Lamb, Kenneth C, MD 12/05/17 1749 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 1910 Collected by: 12/05/17 1749
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	210	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [839734763] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/05/17 1122 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 1122 Ordering provider: Lamb, Kenneth C, MD
Authorized by: Lamb, Kenneth C, MD Ordering mode: Standard
Class: IP POC Quantity: 1
Lab status: Final result Instance released by: (auto-released) 12/5/2017 11:41 AM

Specimen Information

ID	Type	Source	Collected By
T514093_POC LU_2017120511 4100	Blood	—	12/05/17 1122

Glucose, POC [839734763] (Abnormal) Resulted: 12/05/17 1143, Result status: Final result

Ordering provider: Lamb, Kenneth C, MD 12/05/17 1122 Order status: Completed
Filed by: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 1143 Collected by: 12/05/17 1122
Resulting lab: SUTTER SANTA ROSA REGIONAL HOSPITAL

Components

Component	Value	Reference Range	Flag	Lab
Glucose, POC	200	70 - 99 mg/dL	H	SRFAC

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30014153 - SRFAC	SUTTER SANTA ROSA REGIONAL HOSPITAL	Thomas Jackson, M.D.	30 Mark West Springs Road SANTA ROSA CA 95403	10/27/14 1342 - 01/03/18 1145

GLUCOSE, POC [839734750] (Final result)

Electronically signed by: Ifc, Ehr Wb Ip Sq Lab Results In on 12/05/17 0749 Status: Completed
Ordering user: Ifc, Ehr Wb Ip Sq Lab Results In 12/05/17 0749 Ordering provider: Lamb, Kenneth C, MD
Authorized by: Lamb, Kenneth C, MD Ordering mode: Standard

B



For billing inquiries, please contact us at 855-398-1633.
Office hours Monday through Friday 7:00 AM to 5:00 PM.
You may email us at S3ContactCenterCBO@sutterhealth.org.

Services Provided at:
SUTTER SANTA ROSA REGIONAL HOSPITAL
PO BOX 740693
Los Angeles, CA 90074-0693

Patient Name	Patient Account #
Galvez, Enrique	403833291

Date of Bill	Admit Date	Discharge Date
10/16/19	12/04/17	12/10/17

Enrique Galvez IV
4082 Sacramento Ave
SANTA ROSA, CA 95403

Insurance Company
Cigna - Cigna Open Access Plus

Charges

Svc Dt	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
12/04/17	0121		10000073	HCHG OUTPATIENT CARE UNIT PLACEHOLDER	1	1.00
12/04/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 5MG/325MG TABS	1	40.00
12/04/17	0250		81000010	HCHG SEVOFLURANE	1	73.12
12/04/17	0250		81000092	NACL 0.9% FOR IRRIGATION SOLN	1	75.00
12/04/17	0250		81000092	NACL 0.9% FOR IRRIGATION SOLN	4	75.00
12/04/17	0250	J1170 (CPT®)	81000008	HYDROMORPHONE 1MG/ML SOLN	1	126.36
12/04/17	0250	J1170 (CPT®)	81000008	HYDROMORPHONE 1MG/ML SOLN	1	90.00
12/04/17	0250	J1885	81000008	KETOROLAC 30MG/ML SOLN	2	75.00
12/04/17	0250	J2001	81000008	LIDOCAINE PF 1% SOLN	10	75.00
12/04/17	0250	J2250	81000008	MIDAZOLAM 2MG/2ML SOLN	2	90.00
12/04/17	0250	J2405	81000008	ONDANSETRON 2MG/ML SOLN	4	75.00
12/04/17	0250	J2543	81000008	PIPERACILLIN/TAZOBACTAM 4.5G/100ML	4	163.70
12/04/17	0250	J2704	81000008	PROPOFOL 200MG/20ML EMUL	20	75.00
12/04/17	0250	J2765	81000008	METOCLOPRAMIDE 5MG/ML SOLN	1	75.00
12/04/17	0250	J3010 (CPT®)	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
12/04/17	0250	J3010 (CPT®)	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
12/04/17	0250	J3010 (CPT®)	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
12/04/17	0250	J3010 (CPT®)	81000008	FENTANYL PF 50MCG/ML SOLN	1	90.00
12/04/17	0250	J3370	81000008	VANCOMYCIN 1500MG/500ML SOLN	3	98.84
12/04/17	0258	J7030 (CPT®)	82000000	NACL 0.9% SOLN	2	75.00
12/04/17	0258	J7030 (CPT®)	82000000	NACL 0.9% (FOR BOLUS ONLY)	1	75.00
12/04/17	0258	J7120	82000000	LACTATED RINGERS SOLN	2	75.00
12/04/17	0260	96361 (CPT®)	52000002	HCHG INFUSION HYDRATION EA ADDL HR	2	718.00
12/04/17	0272		60050153	SET TUBG ARTHRO PUMP CASSETTE	1	590.00
12/04/17	0272		60050153	DRN CONSTAVAC AND TRCR .125	1	189.64
12/04/17	0272		60050153	CUF TOURNIQUET 34X4IN PUR	1	216.60
12/04/17	0272		60050153	PULSAVAC PLUS AC	1	360.70
12/04/17	0272		60050153	DISSECTOR 5MMX13CM COOL CUT	1	380.00
12/04/17	0301	80053 (CPT®)	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	291.00
12/04/17	0301	83605 (CPT®)	42100287	HCHG LACTIC ACID PLASMA	1	211.00
12/04/17	0305	85025 (CPT®)	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	146.00
12/04/17	0305	85610 (CPT®)	43000070	HCHG PROTHROMBIN TIME	1	103.00

Please refer to hospital account numbers for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this hospital account as of the date this detail was printed. 1 of 8



Patient Name
Galvez, Enrique

Patient Acct #
403833291

Date of Bill
10/16/19

Svc Dt	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
12/04/17	0305	85730 (CPT®)	43000078	HCHG PTT PLASMA OR WHOLE BLOOD	1	135.00
12/04/17	0306	87040 (CPT®)	46000001	HCHG CULTURE BLOOD	1	299.00
12/04/17	0306	87040 (CPT®)	46000001	HCHG CULTURE BLOOD	1	299.00
12/04/17	0306	87070 (CPT®)	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	200.00
12/04/17	0306	87070 (CPT®)	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	200.00
12/04/17	0306	87070 (CPT®)	40900377	HCHG CORE CULT OTHER SOURCE AEROBIC	1	200.00
12/04/17	0306	87075 (CPT®)	40900324	HCHG CORE CULT BACT ANAEROBIC	1	171.00
12/04/17	0306	87075 (CPT®)	40900324	HCHG CORE CULT BACT ANAEROBIC	1	171.00
12/04/17	0306	87075 (CPT®)	40900324	HCHG CORE CULT BACT ANAEROBIC	1	171.00
12/04/17	0306	87147 (CPT®)	40900087	HCHG CORE CULT TYP AGGL	1	70.00
12/04/17	0306	87147 (CPT®)	40900087	HCHG CORE CULT TYP AGGL	1	70.00
12/04/17	0306	87147 (CPT®)	40900087	HCHG CORE CULT TYP AGGL	1	70.00
12/04/17	0306	87185 (CPT®)	40900354	HCHG CORE SUSCEPT BY ENZYME DETECT	1	46.00
12/04/17	0306	87185 (CPT®)	40900354	HCHG CORE SUSCEPT BY ENZYME DETECT	1	46.00
12/04/17	0306	87186 (CPT®)	40950016	HCHG CORE SUSCEPT MIC PER PLATE	1	172.00
12/04/17	0306	87186 (CPT®)	40950016	HCHG CORE SUSCEPT MIC PER PLATE	1	172.00
12/04/17	0306	87186 (CPT®)	40950016	HCHG CORE SUSCEPT MIC PER PLATE	1	172.00
12/04/17	0306	87205 (CPT®)	40900243	HCHG CORE SMR GRAM STAIN	1	93.00
12/04/17	0306	87205 (CPT®)	40900243	HCHG CORE SMR GRAM STAIN	1	93.00
12/04/17	0306	87205 (CPT®)	40900243	HCHG CORE SMR GRAM STAIN	1	93.00
12/04/17	0306	87205 (CPT®)	46000088	HCHG SMEAR GRAM STAIN	1	93.00
12/04/17	0307	81003 (CPT®)	47000006	HCHG URINALYSIS AUTOMATED W/OUT MICROSCOPIC EXAM	1	66.00
12/04/17	0309	36415 (CPT®)	47100001	HCHG VENIPUNCTURE	1	30.00
12/04/17	0309	89051 (CPT®)	47100005	HCHG CELL COUNT FLUID W/ DIFF	1	153.00
12/04/17	0309	89060 (CPT®)	47100006	HCHG CRYSTAL ID TISSUE/FLUID NOT URINE	1	154.00
12/04/17	0320	73562 (CPT®)	30000145	HCHG XR KNEE 3 VIEW RT	1	616.00
12/04/17	0324	71020 (CPT®)	30000030	HCHG XR CHEST 2 VIEW	1	572.00
12/04/17	0360		20000009	HCHG SURG LVL 3 ADDL 15 MIN	8	12,592.00
12/04/17	0360		20000010	HCHG SURG LVL 3 FIRST 30 MIN	1	4,596.00
12/04/17	0370		20500021	HCHG STANDARD GENERAL ANESTHESIA 3 HOURS OR LESS	1	2,907.00
12/04/17	0450	99284 (CPT®)	55000036	HCHG ED LEVEL 4 W/PROC	1	3,227.00
12/04/17	0710		20600000	HCHG PACU COMPLEX ADDITIONAL 15 MINUTES	5	3,260.00
12/04/17	0710		20600001	HCHG PACU COMPLEX FIRST 30 MINUTES	1	1,803.00
12/04/17	0730	93005 (CPT®)	32000003	HCHG EKG 12 LEAD TRACING ONLY	1	409.00
12/04/17	0940	96374 (CPT®)	52000031	HCHG IV PUSH INITIAL DRUG	1	273.00
12/04/17	0940	96375 (CPT®)	52000025	HCHG INJECTION IVP ADDL SEQ NEW DRG	1	245.00

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2 of 8



Patient Name
Galvez, Enrique

Patient Acct #
403833291

Date of Bill
10/16/19

Svc Dt	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
12/04/17	0940	96376 (CPT®)	52000038	HCHG IVP SAME DRG EACH ADD (ELAPSED TIME >30M)	1	244.00
12/05/17	0111		10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,261.00
12/05/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/05/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/05/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/05/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/05/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/05/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/05/17	0250		81000000	POTASSIUM CHLORIDE CR 10MEQ TBCR	3	15.00
12/05/17	0250		81000000	POTASSIUM CHLORIDE CR 10MEQ TBCR	3	15.00
12/05/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/05/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/05/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/05/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/05/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/05/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/05/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/05/17	0250	J3475 (CPT®)	81000008	MAGNESIUM SULFATE 2G/50ML SOLN	4	75.00
12/05/17	0250	J3480 (CPT®)	81000008	POTASSIUM CHLORIDE IN NACL 10MEQ/100ML SOLN	5	75.60
12/05/17	0250	J3480 (CPT®)	81000008	POTASSIUM CHLORIDE IN NACL 10MEQ/100ML SOLN	5	75.60
12/05/17	0250	J3480 (CPT®)	81000008	POTASSIUM CHLORIDE IN NACL 10MEQ/100ML SOLN	5	75.60
12/05/17	0250	J3480 (CPT®)	81000008	POTASSIUM CHLORIDE IN NACL 10MEQ/100ML SOLN	5	75.60
12/05/17	0250	J3480 (CPT®)	81000008	POTASSIUM CHLORIDE IN NACL 10MEQ/100ML SOLN	5	75.60
12/05/17	0250	J3480 (CPT®)	81000008	POTASSIUM CHLORIDE IN NACL 10MEQ/100ML SOLN	5	75.60
12/05/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/05/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/05/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/05/17	0258	J7050 (CPT®)	82000000	NACL 0.9% SOLN	4	75.00
12/05/17	0258	J7050 (CPT®)	82000000	NACL 0.9% SOLN	4	75.00
12/05/17	0301	80053 (CPT®)	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	291.00
12/05/17	0301	83036 (CPT®)	40900283	HCHG CORE HEMOGLOBIN GLYCOSYLT D A1C	1	130.00
12/05/17	0301	83735 (CPT®)	42100307	HCHG MAGNESIUM	1	135.00
12/05/17	0301	84132 (CPT®)	42100385	HCHG POTASSIUM	1	101.00
12/05/17	0301	84145 (CPT®)	42100547	HCHG PROCALCITONIN (PCT)	1	498.00
12/05/17	0301	84443 (CPT®)	42100454	HCHG TSH	1	222.00
12/05/17	0302	86140 (CPT®)	40900048	HCHG CORE C REACTIVE PROTEIN	1	114.00

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Patient Name
Galvez, Enrique

Patient Acct #
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Date of Bill
10/16/19

Svc Dt	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
12/05/17	0305	85025 (CPT®)	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	146.00
12/05/17	0305	85652 (CPT®)	43000075	HCHG SEDIMENTATION RATE AUTOMATED	1	66.00
12/05/17	0306	87081 (CPT®)	40900331	HCHG CORE CULT MRSA SCRIN	1	134.00
12/05/17	0309	36415 (CPT®)	47100001	HCHG VENIPUNCTURE	1	30.00
12/05/17	0483	93306 (CPT®)	32000074	HCHG CA TTE W/DOPPLER COMPLETE	1	2,580.00
12/06/17	0111		10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,261.00
12/06/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/06/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/06/17	0250		81000000	GLIPIZIDE 5MG TABS	1	15.00
12/06/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/06/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/06/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/06/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00
12/06/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/06/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/06/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/06/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/06/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/06/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/06/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/06/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/06/17	0250	J1815	81000009	INSULIN LISPRO HUMAN 100 UNITS/ML SOLN 3 ML VIAL	60	296.67
12/06/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/06/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/06/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/06/17	0258	J7050 (CPT®)	82000000	NACL 0.9% SOLN	4	75.00
12/06/17	0301	80053 (CPT®)	42000004	HCHG COMPREHENSIVE METABOLIC PANEL	1	291.00
12/06/17	0301	80061 (CPT®)	42000006	HCHG LIPID PANEL	1	327.00
12/06/17	0301	83605 (CPT®)	42100287	HCHG LACTIC ACID PLASMA	1	211.00
12/06/17	0301	83735 (CPT®)	42100307	HCHG MAGNESIUM	1	135.00
12/06/17	0305	85025 (CPT®)	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	146.00
12/06/17	0306	87040 (CPT®)	46000001	HCHG CULTURE BLOOD	1	299.00
12/06/17	0306	87040 (CPT®)	46000001	HCHG CULTURE BLOOD	1	299.00
12/06/17	0306	87389 (CPT®)	40900470	HCHG CORE HIV-1 AG W/HIV-1/HIV-2 AB	1	112.00
12/06/17	0309	36415 (CPT®)	47100001	HCHG VENIPUNCTURE	1	30.00
12/06/17	0420	97530 (CPT®)	17000126	HCHG PT THERAPEUTIC ACTIVITY EA 15 MIN	1	158.00
12/06/17	0424	97161 (CPT®)	17000568	HCHG PT EVAL LOW COMPLEXITY	1	239.00
12/07/17	0111		10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,261.00
12/07/17	0250		81000000	POTASSIUM CHLORIDE CR 20MEQ TBCR	1	16.01

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4 of 8



Patient Name
Galvez, Enrique

Patient Acct #
403833291

Date of Bill
10/16/19

Svc Dt	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
12/07/17	0250		81000000	POTASSIUM CHLORIDE CR 20MEQ TBCR	1	16.01
12/07/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/07/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00
12/07/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/07/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/07/17	0250		81000000	POTASSIUM CHLORIDE CR 20MEQ TBCR	1	16.01
12/07/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00
12/07/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/07/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/07/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/07/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/07/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/07/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00
12/07/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/07/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/07/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/07/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/07/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/07/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/07/17	0301	80048 (CPT®)	42000000	HCHG BASIC METABOLIC PANEL	1	217.00
12/07/17	0301	84132 (CPT®)	42100385	HCHG POTASSIUM	1	101.00
12/07/17	0302	86140 (CPT®)	40900048	HCHG CORE C REACTIVE PROTEIN	1	114.00
12/07/17	0305	85025 (CPT®)	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	146.00
12/07/17	0309	36415 (CPT®)	47100001	HCHG VENIPUNCTURE	1	30.00
12/07/17	0420	97110 (CPT®)	17000119	HCHG PT THERAPEUTIC EXERCISE EA 15 MIN	1	186.00
12/07/17	0420	97116 (CPT®)	17000122	HCHG PT GAIT TRAINING EA 15 MIN	1	154.00
12/07/17	0420	97530 (CPT®)	17000126	HCHG PT THERAPEUTIC ACTIVITY EA 15 MIN	1	158.00
12/08/17	0111		10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,261.00
12/08/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/08/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00
12/08/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/08/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/08/17	0250		81000000	POTASSIUM CHLORIDE CR 20MEQ TBCR	1	16.01
12/08/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/08/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00
12/08/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/08/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/08/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/08/17	0250	J0690	81000008	CEFAZOLIN 2,000MG/50ML SOLR	4	75.00

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5 of 8



Patient Name
Galvez, Enrique

Patient Acct #
403833291

Date of Bill
10/16/19

Svc Dt	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
12/08/17	0250	J0690	81000008	CEFAZOLIN 1000MG SOLR	4	75.00
12/08/17	0250	J0690	81000008	CEFAZOLIN 1000MG SOLR	4	75.00
12/08/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/08/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/08/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/08/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/08/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/08/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/08/17	0301	80048 (CPT®)	42000000	HCHG BASIC METABOLIC PANEL	1	217.00
12/08/17	0301	84132 (CPT®)	42100385	HCHG POTASSIUM	1	101.00
12/08/17	0302	86140 (CPT®)	40900048	HCHG CORE C REACTIVE PROTEIN	1	114.00
12/08/17	0305	85025 (CPT®)	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	146.00
12/08/17	0309	36415 (CPT®)	47100001	HCHG VENIPUNCTURE	1	30.00
12/09/17	0111		10000029	HCHG ROOM MED/SURG/GYN PVT	1	4,261.00
12/09/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/09/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00
12/09/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/09/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/09/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00
12/09/17	0250		81000000	FAMOTIDINE 20MG TABS	1	2.00
12/09/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/09/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/09/17	0250		81000000	FAMOTIDINE 20MG TABS	1	2.00
12/09/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	2	40.00
12/09/17	0250	J0690	81000008	CEFAZOLIN 1000MG SOLR	4	75.00
12/09/17	0250	J0690	81000008	CEFAZOLIN 1000MG SOLR	4	75.00
12/09/17	0250	J0690	81000008	CEFAZOLIN 1000MG SOLR	4	75.00
12/09/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/09/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/09/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/09/17	0250	J2060	81000008	LORAZEPAM 2MG/ML SOLN	1	90.00
12/09/17	0250	J2405	81000008	ONDANSETRON 2MG/ML SOLN	4	75.00
12/09/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/09/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/09/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/09/17	0301	80048 (CPT®)	42000000	HCHG BASIC METABOLIC PANEL	1	217.00
12/09/17	0302	86140 (CPT®)	40900048	HCHG CORE C REACTIVE PROTEIN	1	114.00
12/09/17	0305	85025 (CPT®)	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	146.00
12/09/17	0309	36415 (CPT®)	47100001	HCHG VENIPUNCTURE	1	30.00
12/09/17	0361	36569 (CPT®)	21000207	HCHG PICC INSERTION 5 YR OR OLDER	1	2,610.00
12/10/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/10/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/10/17	0250		81000000	FAMOTIDINE 20MG TABS	1	2.00
12/10/17	0250		81000000	LACTOBACILLUS/PECTIN CAPS	1	2.00
12/10/17	0250		81000000	GLIPIZIDE 5MG TABS	2	15.00

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Patient Name
Galvez, Enrique

Patient Acct #
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Date of Bill
10/16/19

Svc Dt	Rev Code	CPT(R)/HCPCS Code	Px Code	Description	Qty	Amt
12/10/17	0250		81000000	HYDROCODONE/ACETAMINOPHEN 10MG/325MG TABS	1	40.00
12/10/17	0250	J0690	81000008	CEFAZOLIN 1000MG SOLR	4	75.00
12/10/17	0250	J0690	81000008	CEFAZOLIN 1000MG SOLR	4	75.00
12/10/17	0250	J1644 (CPT®)	81000008	HEPARIN 5,000 UNITS/ML SOLN	5	75.00
12/10/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/10/17	0250	S0077	81000084	CLINDAMYCIN 900MG/50ML SOLN	3	126.70
12/10/17	0301	80048 (CPT®)	42000000	HCHG BASIC METABOLIC PANEL	1	217.00
12/10/17	0302	86140 (CPT®)	40900048	HCHG CORE C REACTIVE PROTEIN	1	114.00
12/10/17	0305	85025 (CPT®)	43000009	HCHG CBC AUTOMATED W/ AUTOMATED DIFFERENTIAL	1	146.00
12/10/17	0420	97116 (CPT®)	17000122	HCHG PT GAIT TRAINING EA 15 MIN	1	154.00
12/10/17	0420	97530 (CPT®)	17000126	HCHG PT THERAPEUTIC ACTIVITY EA 15 MIN	1	158.00
Total Charges						79,942.17

Payments and Adjustments

Date	Description	Amount
12/26/2017	Cigna PMT INSURANCE	(44,148.00)
12/26/2017	Cigna ADJ CONTRACTUAL (INS)	(35,794.17)
Total Insurance Payments and Adjustments		(79,942.17)

Summary of Account

Charges

Rev Code	Description	Amount
0110	ROOM & BOARD - PRIVATE (MEDICAL OR GENERAL) - GENERAL CLASSIFICATION	21,305.00
0120	ROOM & BOARD - SEMI-PRIVATE TWO BED (MEDICAL OR GENERAL) - GENERAL CLASSIFICATION	1.00
0250	PHARMACY - GENERAL CLASSIFICATION	8,933.23
0260	IV THERAPY - GENERAL CLASSIFICATION	718.00
0270	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL CLASSIFICATION	1,736.94
0300	LABORATORY - GENERAL CLASSIFICATION	10,107.00
0320	RADIOLOGY - DIAGNOSTIC - GENERAL CLASSIFICATION	1,188.00
0360	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION	19,798.00
0370	ANESTHESIA - GENERAL CLASSIFICATION	2,907.00
0420	PHYSICAL THERAPY - GENERAL CLASSIFICATION	1,207.00
0450	EMERGENCY ROOM - GENERAL CLASSIFICATION	3,227.00
0480	CARDIOLOGY - GENERAL CLASSIFICATION	2,580.00
0710	RECOVERY ROOM - GENERAL CLASSIFICATION	5,063.00
0730	EKG/ECG (ELECTROCARDIOGRAM) - GENERAL CLASSIFICATION	409.00
0940	OTHER THERAPEUTIC SERVICES - GENERAL CLASSIFICATION	762.00

Total Charges: \$79,942.17

Please refer to hospital account numbers for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this hospital account as of the date this detail was printed. 7 of 8



Patient Name
Galvez, Enrique

Patient Acct #
403833291

Date of Bill
10/16/19

Payments and Adjustments

Date	Description	Amount
12/26/2017	Cigna PMT INSURANCE	(44,148.00)
12/26/2017	Cigna ADJ CONTRACTUAL (INS)	(35,794.17)
	Total Insurance Payments and Adjustments	(79,942.17)

Current Balance: \$0.00

Please refer to hospital account numbers for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this hospital account as of the date this detail was printed. 8 of 8

C

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.
Your health care professional may bill you directly
for any amount that you owe.

Customer service
Call the number on the back of your ID card
www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service date
December 1, 2017

Claim # / ID
9681733933053 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681733933053

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 1, 2017

for services provided by LINDA R CASEY MD

Amount Billed	\$64.00	This was the amount that was billed for your visit on 12/01/2017.
Discount	\$0.00	CIGNA negotiates discounts with health care professionals and facilities to help you save money. Using an in-network option is one way you can save. Visit myCIGNA.com or call Customer Service to learn more.
What your plan paid	\$64.00	Your plan paid \$64.00 to LINDA R CASEY MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$64.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 6



Claim received for ENRIQUE GALVEZ
Claim # 9681733933053
ID U64613081

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Claim detail

CIGNA received this claim on December 5, 2017 and processed it on December 6, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
LINDA RCASEY MD, Claim # 9681733933053 12/01/17 RADIOLOGIST		64.00	0.00	0.00	64.00	0.00	0.00	64.00	100	0.00	
Total		\$64.00	\$0.00	\$0.00	\$64.00	\$0.00	\$0.00	\$64.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$0.00 toward your \$1,000 out of network individual deductible for 2017
You've paid a total of \$0.00 toward your \$500 in network individual deductible for 2017
You've paid a total of \$0.00 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$15.03 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$0.00 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$0.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$0.00 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$15.03 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$64.00 toward your Unlimited all medical benefits individual lifetime maximum

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date

December 1, 2017

Claim # / ID

9681733932223 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681733932223

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 1, 2017

for services provided by JAMES F CARROLL MD

Amount Billed	\$150.00	This was the amount that was billed for your visit on 12/01/2017.
Discount	\$8.70	You saved \$8.70. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$0.00	Your plan paid \$0.00.
What I owe	\$141.30	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>5%</div>	You saved \$8.70 (or 5%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681733932223
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 4, 2017 and processed it on December 8, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
12/01/17	JAMES F CARROLL MD, Claim # 9681733932223 PHYSICIAN	150.00	8.70	0.00	141.30	0.00	141.30	0.00	0	0.00	A0
Total		\$150.00	\$8.70	\$0.00	\$141.30	\$0.00	\$141.30	\$0.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
You've paid a total of \$141.30 toward your \$500 in network individual deductible for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$156.33 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$141.30 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$156.33 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$64.00 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE BEECH STREET A/P DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR NETWORK INFORMATION.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date

December 1, 2017

Claim # / ID

9681734120500 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734120500

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 1, 2017

for services provided by SUTTER SANTA ROSA REG HS

Amount Billed	\$6,794.70	This was the amount that was billed for your visit on 12/01/2017.
Discount	\$1,698.67	You saved \$1,698.67. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$4,946.03	Your plan paid \$4,946.03 to SUTTER SANTA ROSA REG HS.
What I owe	\$150.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	97%	You saved \$6,644.70 (or 97%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 7



Claim received for ENRIQUE GALVEZ
Claim # 9681734120500
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 6, 2017 and processed it on December 8, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SUTTER SANTA ROSA REG HS, Claim # 9681734120500											
12/01/17	DRUGS	80.00	20.00	0.00	60.00	60.00	0.00	0.00	0	0.00	A0
12/01/17	IV(S)	670.00	167.50	0.00	502.50	90.00	0.00	412.50	100	0.00	A0
12/01/17	LABORATORY	198.00	49.50	0.00	148.50	0.00	0.00	148.50	100	0.00	A0
12/01/17	LABORATORY	211.00	52.75	0.00	158.25	0.00	0.00	158.25	100	0.00	A0
12/01/17	LABORATORY	122.00	30.50	0.00	91.50	0.00	0.00	91.50	100	0.00	A0
12/01/17	LABORATORY	77.00	19.25	0.00	57.75	0.00	0.00	57.75	100	0.00	A0
12/01/17	LABORATORY	598.00	149.50	0.00	448.50	0.00	0.00	448.50	100	0.00	A0
12/01/17	LABORATORY	46.00	11.50	0.00	34.50	0.00	0.00	34.50	100	0.00	A0
12/01/17	LABORATORY	172.00	43.00	0.00	129.00	0.00	0.00	129.00	100	0.00	A0
12/01/17	LABORATORY	30.00	7.50	0.00	22.50	0.00	0.00	22.50	100	0.00	A0
12/01/17	EMERGENCY ROOM	3,227.00	806.75	0.00	2,420.25	0.00	0.00	2,420.25	100	0.00	A0
12/01/17	DRUGS	75.00	18.75	0.00	56.25	0.00	0.00	56.25	100	0.00	A0
12/01/17	DRUGS	126.70	31.67	0.00	95.03	0.00	0.00	95.03	100	0.00	A0
12/01/17	LABORATORY	1,162.00	290.50	0.00	871.50	0.00	0.00	871.50	100	0.00	A0
Total		\$6,794.70	\$1,698.67	\$0.00	\$5,096.03	\$150.00	\$0.00	\$4,946.03		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
You've paid a total of \$141.30 toward your \$500 in network individual deductible for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$306.33 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$141.30 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$306.33 toward your \$3,000 in network family out of pocket expenses for 2017

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date
December 1, 2017

Claim # / ID
9681734724816 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734724816

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 1, 2017

for services provided by JOHN C STEIN JR MD

Amount Billed	\$638.00	This was the amount that was billed for your visit on 12/01/2017.
Discount	\$76.95	You saved \$76.95. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$561.05	Your plan paid \$561.05 to JOHN C STEIN JR MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$638.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681734724816
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 13, 2017 and processed it on December 19, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
JOHN C STEIN JR MD, Claim # 9681734724816 12/01/17	PHYSICIAN	638.00	76.95	0.00	561.05	0.00	0.00	561.05	100	0.00	A0
Total		\$638.00	\$76.95	\$0.00	\$561.05	\$0.00	\$0.00	\$561.05		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$591.75 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$591.75 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,176.65 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$591.75 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$950.45 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$591.75 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,176.65 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$6,834.00 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: PATIENT IS NOT LIABLE FOR THIS ADDITIONAL AMOUNT IF YOU ACCEPT THE ESTABLISHED REIMBURSEMENT SCHEDULE ALLOWED AMOUNT SHOWN.
CALL ZELIS AT 888.346.8488 BEFORE BILLING THE PATIENT MORE THAN THE AMOUNT SHOWN AS PATIENT LIABILITY. CUSTOMER: CALL CIGNA IF BILLED MORE THAN THE "WHAT I OWE" AMOUNT.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
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Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service

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Service date

December 4, 2017

Claim # / ID

9681734631187 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734631187

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 4, 2017

for services provided by PACIFIC IP MED GRP INC

Amount Billed	\$693.00	This was the amount that was billed for your visit on 12/04/2017.
Discount	\$242.55	You saved \$242.55. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$450.45	Your plan will pay \$450.45 to PACIFIC IP MED GRP INC on 12/24/2017. This is a correction of a previously processed claim.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$693.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 6



Claim received for ENRIQUE GALVEZ
Claim # 9681734631187
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 12, 2017 and processed it on December 20, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
PACIFIC IP MED GRP INC, Claim # 9681734631187 12/04/17	PHYSICIAN	693.00	242.55	0.00	450.45	0.00	0.00	450.45	100	0.00	A0,A1
Total		\$693.00	\$242.55	\$0.00	\$450.45	\$0.00	\$0.00	\$450.45		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$761.20 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$500.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$761.20 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$51,506.25 toward your Unlimited all medical benefits individual lifetime maximum

Other important information that I need to know

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

Notes

A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE MULTIPLAN DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR NETWORK INFORMATION.
A1 - ZERO DOLLARS BILLED; NO PAYMENT DUE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
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Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date
December 4, 2017

Claim # / ID
9681734724814 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734724814

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 4, 2017

for services provided by JOHN C STEIN JR MD

Amount Billed	\$673.00	This was the amount that was billed for your visit on 12/04/2017.
Discount	\$76.95	You saved \$76.95. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	\$35.00	This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information. The total amount of what is not allowed and/ or not covered is \$35.00 of which you owe \$0.00.
What your plan paid	\$561.05	Your plan paid \$561.05 to JOHN C STEIN JR MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	94%	You saved \$638.00 (or 94%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681734724814
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 13, 2017 and processed it on December 19, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
JOHN C STEIN JR MD, Claim # 9681 734724814											
12/04/17	PHYSICIAN	638.00	76.95	0.00	561.05	0.00	0.00	561.05	100	0.00	A0
12/04/17	RADIOLOGIST	35.00	0.00	35.00	0.00	0.00	0.00	0.00	0	0.00	A1
Total		\$673.00	\$76.95	\$35.00	\$561.05	\$0.00	\$0.00	\$561.05		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$591.75 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$591.75 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,176.65 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$591.75 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$950.45 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$591.75 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,176.65 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$6,272.95 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: PATIENT IS NOT LIABLE FOR THIS ADDITIONAL AMOUNT IF YOU ACCEPT THE ESTABLISHED REIMBURSEMENT SCHEDULE ALLOWED AMOUNT SHOWN.
CALL ZELUS AT 888.346.8488 BEFORE BILLING THE PATIENT MORE THAN THE AMOUNT SHOWN AS PATIENT LIABILITY. CUSTOMER: CALL CIGNA IF BILLED MORE THAN THE "WHAT I OWE" AMOUNT.

A1 - THE SUBMITTED PROCEDURE IS DISALLOWED BECAUSE IT IS INCIDENTAL TO A CODE BILLED ON THE SAME DATE OF SERVICE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date
December 4, 2017

Claim # / ID
9681735424976 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681735424976

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 4, 2017

for services provided by ANES ANALGESIA MED GRP I

Amount Billed	\$1,680.00	This was the amount that was billed for your visit on 12/04/2017.
Discount	\$415.10	You saved \$415.10. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$1,264.90	Your plan paid \$1,264.90 to ANES ANALGESIA MED GRP I.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$1,680.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 6



Claim received for ENRIQUE GALVEZ
Claim # 9681735424976
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 20, 2017 and processed it on December 30, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
12/04/17	ANESTHETIST	1,680.00	415.10	0.00	1,264.90	0.00	0.00	1,264.90	100	0.00	A0
Total		\$1,680.00	\$415.10	\$0.00	\$1,264.90	\$0.00	\$0.00	\$1,264.90		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$254.34 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$254.34 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$254.34 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$613.04 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$254.34 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$56,482.32 toward your unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE HSPC/HPO DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR NETWORK INFORMATION.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.
Your health care professional may bill you directly
for any amount that you owe.

Customer service
Call the number on the back of your ID card
www.myCIGNA.com
*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service date
December 4, 2017

Claim # / ID
9681734631101 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734631101

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 4, 2017

for services provided by SCOTT L BOOTH MD

Amount Billed	\$46.00	This was the amount that was billed for your visit on 12/04/2017.
Discount	\$3.05	You saved \$3.05. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$42.95	Your plan paid \$42.95 to SCOTT L BOOTH MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$46.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681734631101
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 12, 2017 and processed it on December 13, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SCOTT L BOOTH MD, Claim # 9681734631101 12/04/17 RADIOLOGIST		46.00	3.05	0.00	42.95	0.00	0.00	42.95	100	0.00	A0
Total		\$46.00	\$3.05	\$0.00	\$42.95	\$0.00	\$0.00	\$42.95		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$702.35 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$500.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$702.35 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$5,711.90 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Your health care professional may bill you directly
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Service date
December 4, 2017

Claim # / ID
9681734631100 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734631100

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 4, 2017

for services provided by SCOTT L BOOTH MD

Amount Billed	\$48.00	This was the amount that was billed for your visit on 12/04/2017.
Discount	\$0.38	You saved \$0.38. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$47.62	Your plan paid \$47.62 to SCOTT L BOOTH MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$48.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681734631100
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 12, 2017 and processed it on December 13, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
12/04/17	SCOTT L BOOTH MD, Claim # 9681734631100 RADIOLOGIST	48.00	0.38	0.00	47.62	0.00	0.00	47.62	100	0.00	A0
Total		\$48.00	\$0.38	\$0.00	\$47.62	\$0.00	\$0.00	\$47.62		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$702.35 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$500.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$702.35 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$5,668.95 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service dates

December 4, 2017 - December 8, 2017

Claim # / ID

9681734915096 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734915096

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 4, 2017 - December 8, 2017

for services provided by SUTTER SANTA ROSA REG HS

Amount Billed	\$79,942.17	This was the amount that was billed for your visit on 12/04/2017 through 12/08/2017.
Discount	\$35,794.17	You saved \$35,794.17. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$44,148.00	Your plan paid \$44,148.00 to SUTTER SANTA ROSA REG HS.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$79,942.17 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681734915096
ID U64613081

THIS IS NOT A BILL

Claim detail (continued)

Service dates	Type of service	Amount billed	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
12/04/17	PHYSICIAN	762.00	0.00	420.81	0.00	0.00	420.81	100	0.00	A0
Total		\$79,942.17	\$0.00	\$44,148.00	\$0.00	\$0.00	\$44,148.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$591.75 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$591.75 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,211.65 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$591.75 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$950.45 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$591.75 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,211.65 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$57,055.80 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
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Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service

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Service date

December 4, 2017

Claim # / ID

9681811316875 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681811316875

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 4, 2017

for services provided by FREDERICK S BENNETT MD

Amount Billed	\$2,600.00	This was the amount that was billed for your visit on 12/04/2017.
Discount	\$1,365.93	You saved \$1,365.93. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$1,234.07	Your plan paid \$1,234.07 to FREDERICK S BENNETT MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>100%</div>	You saved \$2,600.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681811316875
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on April 19, 2018 and processed it on May 14, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
FREDERICK S BENNETT MD, Claim # 9681811316875											
12/04/17	CONSULTANT	225.00	80.54	0.00	144.46	0.00	0.00	144.46	100	0.00	A0
12/04/17	SURGERY	1,760.00	781.45	0.00	978.55	0.00	0.00	978.55	100	0.00	A0
12/04/17	SURGERY	615.00	503.94	0.00	111.06	0.00	0.00	111.06	100	0.00	A0
Total		\$2,600.00	\$1,365.93	\$0.00	\$1,234.07	\$0.00	\$0.00	\$1,234.07		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$61,384.73 toward your unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.

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Customer service

Call the number on the back of your ID card
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Service date

December 5, 2017

Claim # / ID

9681734290296 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681734290296

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 5, 2017

for services provided by KENNETH C LAMB MD

Amount Billed	\$970.00	This was the amount that was billed for your visit on 12/05/2017.
Discount	\$0.00	CIGNA negotiates discounts with health care professionals and facilities to help you save money. Using an in-network option is one way you can save. Visit myCIGNA.com or call Customer Service to learn more.
What your plan paid	\$611.30	Your plan paid \$611.30 to KENNETH C LAMB MD.
What I owe	\$358.70	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>63%</div>	You saved \$611.30 (or 63%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681734290296
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 6, 2017 and processed it on December 9, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
KENNETH C LAMB MD, Claim # 9681734290296											
12/05/17	PHYSICIAN	773.00	0.00	0.00	773.00	0.00	358.70	414.30	100	0.00	
12/05/17	PHYSICIAN	197.00	0.00	0.00	197.00	0.00	0.00	197.00	100	0.00	
Total		\$970.00	\$0.00	\$0.00	\$970.00	\$0.00	\$358.70	\$611.30		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$665.03 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$500.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$665.03 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$5,621.33 toward your Unlimited all medical benefits individual lifetime maximum

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.
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Customer service

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above. Please have your claim number ready.*

Service date

December 5, 2017

Claim # / ID

9681736222093 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681736222093

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 5, 2017

for services provided by JOHN J HUNTER MD

Amount Billed	\$133.00	This was the amount that was billed for your visit on 12/05/2017.
Discount	\$46.05	You saved \$46.05. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$86.95	Your plan paid \$86.95 to JOHN J HUNTER MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>100%</div>	You saved \$133.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 6



Claim received for ENRIQUE GALVEZ
Claim # 9681736222093
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 28, 2017 and processed it on December 29, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
JOHN J HUNTER MD, Claim # 9681736222093											
12/05/17	RADIOLOGIST	133.00	46.05	0.00	86.95	0.00	0.00	86.95	100	0.00	A0
Total		\$133.00	\$46.05	\$0.00	\$86.95	\$0.00	\$0.00	\$86.95		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$254.34 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$254.34 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$254.34 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$613.04 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$254.34 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$55,217.42 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

Customer service

Call the number on the back of your ID card
www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service dates

December 5, 2017 - December 6, 2017

Claim # / ID

9681735007653 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681735007653

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 5, 2017 - December 6, 2017

for services provided by SHU Q YANG MD

Amount Billed	\$671.00	This was the amount that was billed for your visit on 12/05/2017 through 12/06/2017.
Discount	\$244.66	You saved \$244.66. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$426.34	Your plan paid \$426.34 to SHU Q YANG MD.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$671.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 6



Claim received for ENRIQUE GALVEZ
Claim # 9681735007653
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 16, 2017 and processed it on January 6, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SHU Q YANG MD, Claim # 9681735007653											
12/05/17	CONSULTANT	424.00	144.78	0.00	279.22	0.00	0.00	279.22	100	0.00	A0
12/06/17	PHYSICIAN	247.00	99.88	0.00	147.12	0.00	0.00	147.12	100	0.00	A0
Total		\$671.00	\$244.66	\$0.00	\$426.34	\$0.00	\$0.00	\$426.34		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$329.70 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$329.70 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,089.60 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$329.70 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$688.40 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$329.70 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,089.60 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$57,288.46 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: PATIENT IS NOT LIABLE FOR THIS ADDITIONAL AMOUNT IF YOU ACCEPT THE ESTABLISHED REIMBURSEMENT SCHEDULE ALLOWED AMOUNT SHOWN.
CALL ZELIS AT 888.346.8488 BEFORE BILLING THE PATIENT MORE THAN THE AMOUNT SHOWN AS PATIENT LIABILITY. CUSTOMER: CALL CIGNA IF BILLED MORE THAN THE "WHAT I OWE" AMOUNT.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Customer service

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*If you have any questions about this document,
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Service dates

December 6, 2017 - December 10, 2017

Claim # / ID

9681735332868 / U64613081

Provider Network Status:

OUT OF NETWORK

Account name / Account #

/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681735332868

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 6, 2017 - December 10, 2017

for services provided by PACIFIC IP MED GRP INC

Amount Billed	\$1,583.00	This was the amount that was billed for your visit on 12/06/2017 through 12/10/2017.
Discount	\$554.05	You saved \$554.05. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$1,028.95	Your plan will pay \$1,028.95 to PACIFIC IP MED GRP INC on 12/26/2017.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>100%</div>	You saved \$1,583.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681735332868
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 19, 2017 and processed it on December 23, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
PACIFIC IP MED GRP INC, Claim # 9681735332868											
12/06/17	PHYSICIAN	357.00	124.95	0.00	232.05	0.00	0.00	232.05	100	0.00	A0
12/07/17	PHYSICIAN	357.00	124.95	0.00	232.05	0.00	0.00	232.05	100	0.00	A0
12/08/17	PHYSICIAN	247.00	86.45	0.00	160.55	0.00	0.00	160.55	100	0.00	A0
12/09/17	PHYSICIAN	247.00	86.45	0.00	160.55	0.00	0.00	160.55	100	0.00	A0
12/10/17	PHYSICIAN	375.00	131.25	0.00	243.75	0.00	0.00	243.75	100	0.00	A0
Total		\$1,583.00	\$554.05	\$0.00	\$1,028.95	\$0.00	\$0.00	\$1,028.95		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$831.20 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$500.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$831.20 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$53,861.20 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE MULTIPLAN DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR NETWORK INFORMATION.



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service

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Service date

December 9, 2017

Claim # / ID

9681735004527 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681735004527

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 9, 2017

for services provided by SUTTER INFUSION AND PHAR

Amount Billed	\$2,523.15	This was the amount that was billed for your visit on 12/09/2017.
Discount	\$864.60	You saved \$864.60. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	\$69.75	This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information. The total amount of what is not allowed and/ or not covered is \$69.75 of which you owe \$0.00.
What your plan paid	\$1,588.80	Your plan paid \$626.28 to SUTTER INFUSION AND PHAR. This is a correction of a previously processed claim.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	97%	You saved \$2,453.40 (or 97%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681735004527
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 15, 2017 and processed it on May 17, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SUTTER INFUSION AND PHAR, Claim # 9681735004527											
12/09/17	INJECTIONS	69.75	0.00	69.75	0.00	0.00	0.00	0.00	0	0.00	A0
12/09/17	INJECTIONS	638.40	501.60	0.00	136.80	0.00	0.00	136.80	100	0.00	A1
12/09/17	SUPPLIES	275.00	55.00	0.00	220.00	0.00	0.00	220.00	100	0.00	A1
12/09/17	SUPPLIES	1,540.00	308.00	0.00	1,232.00	0.00	0.00	1,232.00	100	0.00	A1
Total		\$2,523.15	\$864.60	\$69.75	\$1,588.80	\$0.00	\$0.00	\$1,588.80		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$62,011.01 toward your Unlimited all medical benefits individual lifetime maximum

Other important information that I need to know

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

Notes

A0 - HEALTH CARE PROFESSIONAL: THE SUBMITTED PROCEDURE CODE IS DISALLOWED BECAUSE REIMBURSEMENT IS INCLUDED IN THE PRIMARY SERVICE.
A1 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service

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Service dates

December 10, 2017 - December 11, 2017

Claim # / ID

9681735325964 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681735325964

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 10, 2017 - December 11, 2017

for services provided by SVNAH SANTA ROSA HC HSP

Amount Billed	\$890.00	This was the amount that was billed for your visit on 12/10/2017 through 12/11/2017.
Discount	\$176.00	You saved \$176.00. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$714.00	Your plan paid \$714.00 to SVNAH SANTA ROSA HC HSP.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	100%	You saved \$890.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681735325964
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 19, 2017 and processed it on December 22, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SVNAH SANTA ROSA HC HSP, Claim # 9681735325964											
12/10/17	NURSE	445.00	88.00	0.00	357.00	0.00	0.00	357.00	100	0.00	A0
12/11/17	NURSE	445.00	88.00	0.00	357.00	0.00	0.00	357.00	100	0.00	A0
Total		\$890.00	\$176.00	\$0.00	\$714.00	\$0.00	\$0.00	\$714.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$831.20 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$500.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$831.20 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$52,832.25 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service

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Service date

December 11, 2017

Claim # / ID

9681735219284 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681735219284

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 11, 2017

for services provided by SUTTER PACIFIC MED FNDTN

Amount Billed	\$136.00	This was the amount that was billed for your visit on 12/11/2017.
Discount	\$27.20	You saved \$27.20. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$73.80	Your plan paid \$73.80 to SUTTER PACIFIC MED FNDTN.
What I owe	\$35.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	74%	You saved \$101.00 (or 74%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18

PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 6



Claim received for ENRIQUE GALVEZ
Claim # 9681735219284
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 18, 2017 and processed it on December 19, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SUTTER PACIFIC MED FNDTN, Claim # 9681735219284											
12/11/17	LABORATORY	61.00	12.20	0.00	48.80	35.00	0.00	13.80	100	0.00	A0
12/11/17	LABORATORY	45.00	9.00	0.00	36.00	0.00	0.00	36.00	100	0.00	A0
12/11/17	LABORATORY	30.00	6.00	0.00	24.00	0.00	0.00	24.00	100	0.00	A0
Total		\$136.00	\$27.20	\$0.00	\$108.80	\$35.00	\$0.00	\$73.80		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$591.75 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$591.75 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,211.65 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$591.75 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$950.45 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$591.75 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,211.65 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$6,907.80 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service

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Service dates

December 13, 2017 - December 15, 2017

Claim # / ID

9681735325963 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits


for a claim received for ENRIQUE GALVEZ, Claim # 9681735325963

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 13, 2017 - December 15, 2017

for services provided by SVNAH SANTA ROSA HC HSP

Amount Billed	\$1,185.00	This was the amount that was billed for your visit on 12/13/2017 through 12/15/2017.
Discount	\$503.00	You saved \$503.00. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$612.00	Your plan will pay \$612.00 to SVNAH SANTA ROSA HC HSP on 12/25/2017.
What I owe	\$70.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	 94%	You saved \$1,115.00 (or 94%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681735325963
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 19, 2017 and processed it on December 22, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SVNAH SANTA ROSA HC HSP, Claim # 9681735325963											
12/13/17	PHYSICAL THERAPY	395.00	167.67	0.00	227.33	35.00	0.00	192.33	100	0.00	A0
12/15/17	PHYSICAL THERAPY	395.00	167.67	0.00	227.33	35.00	0.00	192.33	100	0.00	A0
12/15/17	OCCUP. THERAPY	395.00	167.66	0.00	227.34	0.00	0.00	227.34	100	0.00	A0
Total		\$1,185.00	\$503.00	\$0.00	\$682.00	\$70.00	\$0.00	\$612.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$141.30 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$141.30 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$831.20 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$141.30 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$500.00 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$141.30 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$831.20 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$52,118.25 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.
Your health care professional may bill you directly
for any amount that you owe.

Customer service
Call the number on the back of your ID card
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Service date
December 14, 2017

Claim # / ID
9681735423445 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681735423445

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 14, 2017

for services provided by JAMES F CARROLL MD

Amount Billed	\$120.00	This was the amount that was billed for your visit on 12/14/2017.
Discount	\$6.96	You saved \$6.96. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$0.00	Your plan paid \$0.00.
What I owe	\$113.04	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	5%	You saved \$6.96 (or 5%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681735423445
ID U64613081

Cigna.

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 19, 2017 and processed it on December 23, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
JAMES F CARROLL MD, Claim # 9681735423445											
12/14/17	PHYSICIAN	120.00	6.96	0.00	113.04	0.00	113.04	0.00	0	0.00	A0
Total		\$120.00	\$6.96	\$0.00	\$113.04	\$0.00	\$113.04	\$0.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$254.34 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$254.34 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$254.34 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$613.04 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$254.34 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$53,861.20 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE BEECH STREET A/P DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR NETWORK INFORMATION.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date

December 16, 2017

Claim # / ID

9681735704783 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits


for a claim received for ENRIQUE GALVEZ, Claim # 9681735704783

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 16, 2017

for services provided by SUTTER INFUSION AND PHAR

Amount Billed	\$2,520.60	This was the amount that was billed for your visit on 12/16/2017.
Discount	\$917.40	You saved \$917.40. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$1,603.20	Your plan paid \$1,056.00 to SUTTER INFUSION AND PHAR. This is a correction of a previously processed claim.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$2,520.60 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVIZ
Claim # 9681735704783
ID U64613081

Cigna.

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 22, 2017 and processed it on May 17, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SUTTERINFUSION AND PHAR, Claim # 9681735704783											
12/16/17	INJECTIONS	705.60	554.40	0.00	151.20	0.00	0.00	151.20	100	0.00	A0
12/16/17	SUPPLIES	275.00	55.00	0.00	220.00	0.00	0.00	220.00	100	0.00	A0
12/16/17	SUPPLIES	1,540.00	308.00	0.00	1,232.00	0.00	0.00	1,232.00	100	0.00	A0
Total		\$2,520.60	\$917.40	\$0.00	\$1,603.20	\$0.00	\$0.00	\$1,603.20		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$63,067.01 toward your Unlimited all medical benefits individual lifetime maximum

Other important information that I need to know

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service

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Service date

December 18, 2017

Claim # / ID

9681736221225 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits


for a claim received for ENRIQUE GALVEZ, Claim # 9681736221225

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 18, 2017

for services provided by SVNHA SANTA ROSA HC HSP

Amount Billed	\$445.00	This was the amount that was billed for your visit on 12/18/2017.
Discount	\$88.00	You saved \$88.00. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$357.00	Your plan paid \$357.00 to SVNHA SANTA ROSA HC HSP.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$445.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681736221225
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 28, 2017 and processed it on January 13, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SVNAH SANTA ROSA HC HSP, Claim # 9681736221225 12/18/17 NURSE		445.00	88.00	0.00	357.00	0.00	0.00	357.00	100	0.00	A0
Total		\$445.00	\$88.00	\$0.00	\$357.00	\$0.00	\$0.00	\$357.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,164.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,164.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$58,783.86 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date

December 18, 2017

Claim # / ID

9681735703895 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits


for a claim received for ENRIQUE GALVEZ, Claim # 9681735703895

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 18, 2017

for services provided by SUTTER SANTA ROSA REG HS

Amount Billed	\$409.00	This was the amount that was billed for your visit on 12/18/2017.
Discount	\$102.25	You saved \$102.25. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$306.75	Your plan paid \$306.75 to SUTTER SANTA ROSA REG HS.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$409.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681735703895
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 22, 2017 and processed it on December 26, 2017.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SUTTER SANTA ROSA REG HS, Claim # 9681735703895											
12/18/17	LABORATORY	198.00	49.50	0.00	148.50	0.00	0.00	148.50	100	0.00	A0
12/18/17	LABORATORY	89.00	22.25	0.00	66.75	0.00	0.00	66.75	100	0.00	A0
12/18/17	LABORATORY	122.00	30.50	0.00	91.50	0.00	0.00	91.50	100	0.00	A0
Total		\$409.00	\$102.25	\$0.00	\$306.75	\$0.00	\$0.00	\$306.75		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$254.34 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$254.34 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$254.34 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$613.04 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$254.34 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$944.24 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$54,167.95 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Service date

December 19, 2017

Claim # / ID

9681736221226 / U64613081

Provider Network Status:
IN NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681736221226

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 19, 2017

for services provided by SVNAH SANTA ROSA HC HSP

Amount Billed	\$395.00	This was the amount that was billed for your visit on 12/19/2017.
Discount	\$54.00	You saved \$54.00. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$306.00	Your plan will pay \$306.00 to SVNAH SANTA ROSA HC HSP on 01/08/2018.
What I owe	\$35.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>91%</div>	You saved \$360.00 (or 91%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681736221226
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 28, 2017 and processed it on January 5, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SVNAH SANTA ROSA HC HSP, Claim # 9681736221226											
12/19/17	PHYSICAL THERAPY	395.00	54.00	0.00	341.00	35.00	0.00	306.00	100	0.00	A0
Total		\$395.00	\$54.00	\$0.00	\$341.00	\$35.00	\$0.00	\$306.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$329.70 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$329.70 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,089.60 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$329.70 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$688.40 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$329.70 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,089.60 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$56,862.12 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

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Customer service
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above. Please have your claim number ready.*

Service date
December 21, 2017

Claim # / ID
9681736220241 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681736220241

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 21, 2017

for services provided by JAMES F CARROLL MD

Amount Billed	\$80.00	This was the amount that was billed for your visit on 12/21/2017.
Discount	\$4.64	You saved \$4.64. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$0.00	Your plan paid \$0.00.
What I owe	\$75.36	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	5%	You saved \$4.64 (or 5%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681736220241
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 26, 2017 and processed it on January 2, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
JAMES F CARROLL MD, Claim # 9681736220241											
12/21/17	PHYSICIAN	80.00	4.64	0.00	75.36	0.00	75.36	0.00	0	0.00	A0
Total		\$80.00	\$4.64	\$0.00	\$75.36	\$0.00	\$75.36	\$0.00		\$0.00	

*After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$329.70 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$329.70 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,019.60 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$329.70 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$688.40 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$329.70 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,019.60 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$56,482.32 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL: DO NOT BILL THE PATIENT FOR THE BEECH STREET A/P DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR NETWORK INFORMATION.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

Customer service

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Service date

December 23, 2017

Claim # / ID

9681736402835 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Explanation of benefits


for a claim received for ENRIQUE GALVEZ, Claim # 9681736402835

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 23, 2017

for services provided by SUTTER INFUSION AND PHAR

Amount Billed	\$2,520.60	This was the amount that was billed for your visit on 12/23/2017.
Discount	\$917.40	You saved \$917.40. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$1,603.20	Your plan paid \$1,012.00 to SUTTER INFUSION AND PHAR. This is a correction of a previously processed claim.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$2,520.60 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681736402835
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on December 29, 2017 and processed it on May 17, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SUTTER INFUSION AND PHAR, Claim # 9681736402835											
12/23/17	INJECTIONS	705.60	554.40	0.00	151.20	0.00	0.00	151.20	100	0.00	A0
12/23/17	SUPPLIES	275.00	55.00	0.00	220.00	0.00	0.00	220.00	100	0.00	A0
12/23/17	SUPPLIES	1,540.00	308.00	0.00	1,232.00	0.00	0.00	1,232.00	100	0.00	A0
Total		\$2,520.60	\$917.40	\$0.00	\$1,603.20	\$0.00	\$0.00	\$1,603.20		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$64,079.01 toward your Unlimited all medical benefits individual lifetime maximum

Other important information that I need to know

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Customer service

Call the number on the back of your ID card

www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service date

December 26, 2017

Claim # / ID

9681800510392 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits


for a claim received for ENRIQUE GALVEZ, Claim # 9681800510392

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 26, 2017

for services provided by SVNAH SANTA ROSA HC HSP

Amount Billed	\$445.00	This was the amount that was billed for your visit on 12/26/2017.
Discount	\$88.00	You saved \$88.00. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$357.00	Your plan paid \$357.00 to SVNAH SANTA ROSA HC HSP.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$445.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681800510392
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on January 5, 2018 and processed it on January 20, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SVNAH SANTA ROSA HC HSP, Claim # 9681800510392											
12/26/17	NURSE	445.00	88.00	0.00	357.00	0.00	0.00	357.00	100	0.00	A0
Total		\$445.00	\$88.00	\$0.00	\$357.00	\$0.00	\$0.00	\$357.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$60,150.66 toward your unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.

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Customer service

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above. Please have your claim number ready.*

Service dates

December 27, 2017 - December 29, 2017

Claim # / ID

9681800510391 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681800510391

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 27, 2017 - December 29, 2017

for services provided by SVNAH SANTA ROSA HC HSP

Amount Billed	\$790.00	This was the amount that was billed for your visit on 12/27/2017 through 12/29/2017.
Discount	\$108.00	You saved \$108.00. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$612.00	Your plan paid \$612.00 to SVNAH SANTA ROSA HC HSP.
What I owe	\$70.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<div>91%</div>	You saved \$720.00 (or 91%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

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PLEASE SEE CLAIM DETAILS ON PAGE 3.

Page 1 of 6



Claim received for ENRIQUE GALVEZ
Claim # 9681800510391
ID U64613081

Cigna.

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on January 5, 2018 and processed it on January 19, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SVNAH SANTA ROSA HC HSP, Claim # 9681800510391											
12/27/17	PHYSICAL THERAPY	395.00	54.00	0.00	341.00	35.00	0.00	306.00	100	0.00	A0
12/29/17	PHYSICAL THERAPY	395.00	54.00	0.00	341.00	35.00	0.00	306.00	100	0.00	A0
Total		\$790.00	\$108.00	\$0.00	\$682.00	\$70.00	\$0.00	\$612.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$59,793.66 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Customer service

Call the number on the back of your ID card
www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service date

December 28, 2017

Claim # / ID

9681800316715 / U64613081

Provider Network Status:
OUT OF NETWORK

Account name / Account #
/ 2472802

Explanation of benefits

for a claim received for ENRIQUE GALVEZ, Claim # 9681800316715

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 28, 2017

for services provided by JAMES F CARROLL MD

Amount Billed	\$80.00	This was the amount that was billed for your visit on 12/28/2017.
Discount	\$4.64	You saved \$4.64. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$0.00	Your plan paid \$0.00.
What I owe	\$75.36	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	5%	You saved \$4.64 (or 5%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681800316715
ID U64613081

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on January 2, 2018 and processed it on January 6, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
JAMES F CARROLL MD, Claim # 9681800316715											
12/28/17	PHYSICIAN	80.00	4.64	0.00	75.36	0.00	75.36	0.00	0	0.00	A0
Total		\$80.00	\$4.64	\$0.00	\$75.36	\$0.00	\$75.36	\$0.00		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,164.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,164.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$57,835.66 toward your Unlimited all medical benefits individual lifetime maximum

Notes

A0 - HEALTH CARE PROFESSIONAL; DO NOT BILL THE PATIENT FOR THE BEECH STREET A/P DISCOUNT THROUGH MULTIPLAN. PLEASE CALL 866.233.0121 FOR NETWORK INFORMATION.

Cigna Health and Life Insurance Company
SCRANTON CLAIM OFFICE
P.O. BOX 182223
CHATTANOOGA TN 37422-7223



Cigna Health and Life Insurance Company AS AGENT FOR

ENRIQUE GALVEZ
1832 SANSONE DR
SANTA ROSA CA 95403-1940

THIS IS NOT A BILL.

Your health care professional may bill you directly
for any amount that you owe.

Customer service

Call the number on the back of your ID card
www.myCIGNA.com

*If you have any questions about this document,
please call Customer Service at the number
above. Please have your claim number ready.*

Service date

December 30, 2017

Claim # / ID

9681800415861 / U64613081

Provider Network Status:

IN NETWORK

Account name / Account #

/ 2472802

Explanation of benefits


for a claim received for ENRIQUE GALVEZ, Claim # 9681800415861

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ENRIQUE GALVEZ

Summary of a claim for services on December 30, 2017

for services provided by SUTTER INFUSION AND PHAR

Amount Billed	\$907.00	This was the amount that was billed for your visit on 12/30/2017.
Discount	\$293.60	You saved \$293.60. CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$613.40	Your plan paid \$215.60 to SUTTER INFUSION AND PHAR. This is a correction of a previously processed claim.
What I owe	\$0.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$907.00 (or 100%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



Claim received for ENRIQUE GALVEZ
Claim # 9681800415861
ID U64613081

Cigna.

THIS IS NOT A BILL

Claim detail

CIGNA received this claim on January 3, 2018 and processed it on May 17, 2018.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Allowed amount	Copay	Deductible	What your plan paid	% paid	Coinsurance*	See notes
SUTTERINFUSION AND PHAR, Claim # 9681800415861											
12/30/17	INJECTIONS	192.00	150.60	0.00	41.40	0.00	0.00	41.40	100	0.00	A0
12/30/17	SUPPLIES	275.00	55.00	0.00	220.00	0.00	0.00	220.00	100	0.00	A0
12/30/17	SUPPLIES	440.00	88.00	0.00	352.00	0.00	0.00	352.00	100	0.00	A0
Total		\$907.00	\$293.60	\$0.00	\$613.40	\$0.00	\$0.00	\$613.40		\$0.00	

* After you have met your deductible, the costs of covered expenses are shared by you and your health plan.
The percentage of covered expenses you are responsible for is called coinsurance.

What I need to know for my next claim

You've paid a total of \$405.06 toward your \$1,000 out of network individual deductible for 2017
Your \$500 in network individual deductible has been met for 2017
You've paid a total of \$405.06 toward your \$3,000 out of network individual out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$1,500 in network individual out of pocket expenses for 2017
You've paid a total of \$405.06 toward your \$2,000 out of network family deductible for 2017
You've paid a total of \$763.76 toward your \$1,000 in network family deductible for 2017
You've paid a total of \$405.06 toward your \$6,000 out of network family out of pocket expenses for 2017
You've paid a total of \$1,234.96 toward your \$3,000 in network family out of pocket expenses for 2017
You've paid a total of \$64,294.61 toward your Unlimited all medical benefits individual lifetime maximum

Other important information that I need to know

THIS IS A CORRECTION OF A PREVIOUSLY PROCESSED CLAIM.

Notes

A0 - CUSTOMER: THANK YOU FOR USING CIGNA'S OPEN ACCESS PLUS NETWORK. THE DISCOUNT SHOWN IS HOW MUCH YOU SAVED. YOU DON'T NEED TO PAY THAT AMOUNT. IF YOU ALREADY PAID YOUR HEALTH CARE PROFESSIONAL MORE THAN THE "WHAT I OWE" AMOUNT, PLEASE ASK FOR A REFUND. HEALTH CARE PROFESSIONAL: YOUR CIGNA AGREEMENT DOES NOT ALLOW YOU TO BILL THE PATIENT FOR THE DIFFERENCE. IF YOU ARE IN INDIANA, CALIFORNIA OR TENNESSEE, PLEASE CONTACT CIGNA CUSTOMER SERVICE AT 1.800.88CIGNA (882.4462) FOR INFORMATION ON YOUR DISCOUNTED RATE.

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Claims Listing

Friday, October 18, 2019
Page 1 of 5

Reference Number: 2233017OCT19

ID Number: XXXXX3100
Patient Name: ENRIQUE GALVEZ

Claim Number Processed	Dates of Service	Provider	Service	Charge	Deductible	Coinsurance	Co Pay	Benefits	Liability	Message
985005161195 02	05/26/18		MISCELLANEOUS PHAR	0.00	0.00	0.00	0.00	0.00	0.00	
			Subtotal:	0.00	0.00	0.00	0.00	0.00	0.00	
985004399744 00	04/17/18		MISCELLANEOUS PHAR	6.89	0.00	6.89	0.00	0.00	6.89	
			Subtotal:	6.89	0.00	6.89	0.00	0.00	6.89	
004102247 00	04/03/18		MISCELLANEOUS PHAR	5.72	0.00	5.72	0.00	0.00	5.72	
			Subtotal:	5.72	0.00	5.72	0.00	0.00	5.72	
271809423804 00	04/06/18	JAMES F CARROLL MED	Medical Care	80.00	0.00	0.00	20.00	50.56	20.00	
			Subtotal:	80.00	0.00	0.00	20.00	50.56	20.00	
261809203428 00	04/04/18		SANTA ROSA BACK FITN Physical Therapy	100.00	0.00	0.00	35.00	7.86	35.00	
			SANTA ROSA BACK FITN Physical Therapy	45.00	0.00	0.00	0.00	19.29	0.00	
			SANTA ROSA BACK FITN Physical Therapy	30.00	0.00	0.00	0.00	12.85	0.00	
			Subtotal:	175.00	0.00	0.00	35.00	40.00	35.00	
985003807822 00	03/15/18		MISCELLANEOUS PHAR	4.50	0.00	4.50	0.00	0.00	4.50	
			Subtotal:	4.50	0.00	4.50	0.00	0.00	4.50	
003807823 00	03/15/18		MISCELLANEOUS PHAR	13.50	0.00	13.50	0.00	0.00	13.50	
			Subtotal:	13.50	0.00	13.50	0.00	0.00	13.50	
261807101132 00	03/14/18		SANTA ROSA BACK FITN Physical Therapy	100.00	0.00	0.00	35.00	22.69	35.00	
			SANTA ROSA BACK FITN Physical Therapy	30.00	0.00	0.00	0.00	17.31	0.00	
			Subtotal:	130.00	0.00	0.00	35.00	40.00	35.00	

1 This amount may or may not have been paid by you to the provider at the time of the service.

All Independent Licensees of the Blue Cross and Blue Shield Association

D290133809



Blue Cross and Blue Shield of Michigan

Claims Listing

ID Number: XXXXX3100
Patient Name: ENRIQUE GALVEZ

Reference Number: 2233017OCT19

Claim Number	Processed	Dates of Service	Provider	Service	Charge	Deductible	Coinsurance	Co Pay	Benefits	Liability	Message
261806513144 00	03/08/18	03/02/18 - 03/02/18	SANTA ROSA BACK FITN	Physical Therapy	90.00	0.00	0.00	35.00	4.71	35.00	
		03/02/18 - 03/02/18	SANTA ROSA BACK FITN	Physical Therapy	50.00	0.00	0.00	0.00	22.06	0.00	
		03/02/18 - 03/02/18	SANTA ROSA BACK FITN	Physical Therapy	30.00	0.00	0.00	0.00	13.23	0.00	
Subtotal:					170.00	0.00	0.00	35.00	40.00	35.00	
261806116721 00	03/05/18	02/27/18 - 02/27/18	SANTA ROSA BACK FITN	Physical Therapy	90.00	0.00	0.00	35.00	4.71	35.00	
		02/27/18 - 02/27/18	SANTA ROSA BACK FITN	Physical Therapy	50.00	0.00	0.00	0.00	22.06	0.00	
		02/27/18 - 02/27/18	SANTA ROSA BACK FITN	Physical Therapy	30.00	0.00	0.00	0.00	13.23	0.00	
Subtotal:					170.00	0.00	0.00	35.00	40.00	35.00	
261805964057 00	03/02/18	02/23/18 - 02/23/18	CARROLL JAMES	Medical Care	80.00	0.00	0.00	20.00	50.56	20.00	
Subtotal:					80.00	0.00	0.00	20.00	50.56	20.00	
261805416137 00	02/26/18	02/21/18 - 02/21/18	SANTA ROSA BACK FITN	Physical Therapy	90.00	0.00	0.00	35.00	4.71	35.00	
		02/21/18 - 02/21/18	SANTA ROSA BACK FITN	Physical Therapy	50.00	0.00	0.00	0.00	22.06	0.00	
		02/21/18 - 02/21/18	SANTA ROSA BACK FITN	Physical Therapy	30.00	0.00	0.00	0.00	13.23	0.00	
Subtotal:					170.00	0.00	0.00	35.00	40.00	35.00	
261805249526 00	02/23/18	02/19/18 - 02/19/18	SANTA ROSA BACK FITN	Physical Therapy	50.00	0.00	0.00	30.00	0.00	30.00	
		02/19/18 - 02/19/18	SANTA ROSA BACK FITN	Physical Therapy	45.00	0.00	0.00	5.00	22.00	5.00	
		02/19/18 - 02/19/18	SANTA ROSA BACK FITN	Physical Therapy	30.00	0.00	0.00	0.00	18.00	0.00	
Subtotal:					125.00	0.00	0.00	35.00	40.00	35.00	
261805249525 00	02/23/18	02/16/18 - 02/16/18	SANTA ROSA BACK FITN	Physical Therapy	100.00	0.00	0.00	35.00	7.86	35.00	
		02/16/18 - 02/16/18	SANTA ROSA BACK FITN	Physical Therapy	45.00	0.00	0.00	0.00	19.29	0.00	
		02/16/18 - 02/16/18	SANTA ROSA BACK FITN	Physical Therapy	30.00	0.00	0.00	0.00	12.85	0.00	
Subtotal:					175.00	0.00	0.00	35.00	40.00	35.00	

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MASSACHUSETTS

Claims Listing

Friday, October 18, 2019
Page 3 of 5

ID Number: XXXXXX3100
Patient Name: ENRIQUE GALVEZ

Reference Number: 22330170CT19

Claim Number	Processed	Dates of Service	Provider	Service	Charge	Deductible	Coinsurance	Co Pay	Benefits	Liability	Message
261803000264 00	02/21/18	02/14/18 - 02/14/18	SANTA ROSA BACK FITN	Physical Therapy	100.00	0.00	0.00	35.00	7.86	35.00	
		02/14/18 - 02/14/18	SANTA ROSA BACK FITN	Physical Therapy	45.00	0.00	0.00	0.00	19.29	0.00	
		02/14/18 - 02/14/18	SANTA ROSA BACK FITN	Physical Therapy	30.00	0.00	0.00	0.00	12.85	0.00	
					Subtotal:	175.00	0.00	35.00	40.00	35.00	
261804518446 00	02/16/18	02/12/18 - 02/12/18	SANTA ROSA BACK FITN	Physical Therapy	50.00	0.00	0.00	30.00	0.00	30.00	
		02/12/18 - 02/12/18	SANTA ROSA BACK FITN	Physical Therapy	45.00	0.00	0.00	5.00	22.00	5.00	
		02/12/18 - 02/12/18	SANTA ROSA BACK FITN	Physical Therapy	30.00	0.00	0.00	0.00	18.00	0.00	
					Subtotal:	125.00	0.00	35.00	40.00	35.00	
261804518437 00	02/16/18	02/09/18 - 02/09/18	SANTA ROSA BACK FITN	Physical Therapy	50.00	0.00	0.00	35.00	4.47	35.00	
		02/09/18 - 02/09/18	SANTA ROSA BACK FITN	Physical Therapy	45.00	0.00	0.00	0.00	35.53	0.00	
					Subtotal:	95.00	0.00	35.00	40.00	35.00	
985003090813 00	02/09/18	02/09/18 - 02/09/18	MISCELLANEOUS PHAR	Prescription/Non-prescription Drugs	8.11	0.00	8.11	0.00	0.00	8.11	
					Subtotal:	8.11	0.00	0.00	0.00	8.11	
985003090814 00	02/09/18	02/09/18 - 02/09/18	MISCELLANEOUS PHAR	Prescription/Non-prescription Drugs	4.21	0.00	4.21	0.00	0.00	4.21	
					Subtotal:	4.21	0.00	0.00	0.00	4.21	
305705816 00	02/28/18	02/08/18 - 02/08/18	CARROLL JAMES	Medical Care	80.00	0.00	0.00	20.00	50.56	20.00	
					Subtotal:	80.00	0.00	20.00	50.56	20.00	
261804015845 00	02/12/18	02/07/18 - 02/07/18	SANTA ROSA BACK FITN	Physical Therapy	50.00	0.00	0.00	35.00	4.47	35.00	
		02/07/18 - 02/07/18	SANTA ROSA BACK FITN	Physical Therapy	45.00	0.00	0.00	0.00	35.53	0.00	
					Subtotal:	95.00	0.00	35.00	40.00	35.00	

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MASSACHUSETTS

Claims Listing

Friday, October 18, 2019
Page 4 of 5ID Number: XXXXX3100
Patient Name: ENRIQUE GALVEZ

Reference Number: 2233017OCT19

Claim Number	Processed	Dates of Service	Provider	Service	Charge	Deductible	Coinsurance	Co Pay	Benefits	Liability	Message
26180391403600	02/12/18	02/05/18 - 02/05/18	SANTA ROSA	BACK FITN Physical Therapy	90.00	0.00	0.00	35.00	40.00	35.00	
		02/05/18 - 02/05/18	SANTA ROSA	BACK FITN Physical Therapy	50.00	0.00	0.00	0.00	30.00	0.00	
		02/05/18 - 02/05/18	SANTA ROSA	BACK FITN Physical Therapy	45.00	0.00	0.00	0.00	27.00	0.00	
		02/05/18 - 02/05/18	SANTA ROSA	BACK FITN Physical Therapy	30.00	0.00	0.00	0.00	18.00	0.00	
				Subtotal:	215.00	0.00	0.00	35.00	115.00	35.00	
	02/04/18	02/04/18 - 02/04/18	MISCELLANEOUS PHAR	Prescription/Non-prescription Drugs	0.00	0.00	0.00	0.00	0.00	0.00	
				Subtotal:	0.00	0.00	0.00	0.00	0.00	0.00	
26180510041400	02/22/18	02/01/18 - 02/01/18	CARROLL JAMES	Medical Care	120.00	0.00	0.00	20.00	76.31	20.00	
				Subtotal:	120.00	0.00	0.00	20.00	76.31	20.00	
26180360172900	02/07/18	01/22/18 - 01/22/18	CARROLL JAMES	Medical Care	80.00	0.00	0.00	20.00	50.56	20.00	
				Subtotal:	80.00	0.00	0.00	20.00	50.56	20.00	
26180300060700	01/31/18	01/18/18 - 01/18/18	SUTTER VISITING NURSE	Physical Therapy	395.00	0.00	0.00	35.00	329.00	35.00	
		01/19/18 - 01/19/18	SUTTER VISITING NURSE	Physical Therapy	395.00	0.00	0.00	35.00	329.00	35.00	
				Subtotal:	790.00	0.00	0.00	70.00	658.00	70.00	
	02/01/18	01/18/18 - 01/18/18	SUTTER VISITING NURSE	Other Medical Service	445.00	136.00	0.00	0.00	228.00	136.00	
				Subtotal:	445.00	136.00	0.00	0.00	228.00	136.00	
26180230206100	01/24/18	01/16/18 - 01/16/18	SANTA ROSA ORTHO ME	Other Medical Service	0.00	0.00	0.00	0.00	0.00	0.00	M1
				Subtotal:	0.00	0.00	0.00	0.00	0.00	0.00	
26180790083902	06/13/18	01/11/18 - 01/11/18	SUTTER VISITING NURSE	Other Medical Service	445.00	0.00	0.00	0.00	364.00	0.00	
				Subtotal:	445.00	0.00	0.00	0.00	364.00	0.00	

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MASCAHUSSETTS

Claims Listing

Friday, October 18, 2019
Page 5 of 5

ID Number: XXXXX3100
Patient Name: ENRIQUE GALVEZ

Reference Number: 2233017OCT19

<u>Claim Number</u>	<u>Processed</u>	<u>Dates of Service</u>	<u>Provider</u>	<u>Service</u>	<u>Charge</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Co Pay</u>	<u>Benefits</u>	<u>Liability</u>	<u>Message</u>
261803000611 00	01/31/18	01/09/18 - 01/09/18	SUTTER VISITING NURSE	Physical Therapy	395.00	0.00	0.00	35.00	329.00	35.00	
		01/12/18 - 01/12/18	SUTTER VISITING NURSE	Physical Therapy	395.00	0.00	0.00	35.00	329.00	35.00	
					Subtotal:	790.00	0.00	70.00	658.00	70.00	
261807300798 00	03/15/18	01/07/18 - 01/13/18	SUTTER INFUSION AND	Other Medical Service	705.60	0.00	0.00	0.00	599.76	0.00	
					Subtotal:	705.60	0.00	0.00	599.76	0.00	
261801800813 00	01/19/18	01/06/18 - 01/06/18	SUTTER VISITING NURSE	Physical Therapy	395.00	0.00	0.00	35.00	329.00	35.00	
					Subtotal:	395.00	0.00	35.00	329.00	35.00	
261802201641 00	01/24/18	01/06/18 - 01/06/18	SUTTER VISITING NURSE	Other Medical Service	445.00	364.00	0.00	0.00	0.00	364.00	
					Subtotal:	445.00	364.00	0.00	0.00	364.00	
271800912174 00	01/11/18	01/05/18 - 01/05/18	CARROLL JAMES	Medical Care	80.00	0.00	0.00	20.00	50.56	20.00	
					Subtotal:	80.00	0.00	20.00	50.56	20.00	
985002369530 00	01/05/18	01/05/18 - 01/05/18	MISCELLANEOUS PHAR	Prescription/Non-prescription Drugs	2.45	0.00	2.45	0.00	0.00	2.45	
					Subtotal:	2.45	0.00	2.45	0.00	2.45	
02417102 00	01/05/18	01/05/18 - 01/05/18	MISCELLANEOUS PHAR	Prescription/Non-prescription Drugs	10.00	0.00	10.00	0.00	0.00	10.00	
					Subtotal:	10.00	0.00	0.00	0.00	10.00	
261805100412 00	02/22/18	01/02/18 - 01/02/18	CARROLL JAMES	Medical Care	80.00	0.00	0.00	20.00	50.56	20.00	
					Subtotal:	80.00	0.00	20.00	50.56	20.00	
261807102466 00	03/13/18	01/01/18 - 01/05/18	SUTTER INFUSION AND	Other Medical Service	480.00	0.00	0.00	0.00	408.00	0.00	
		01/14/18 - 01/15/18	SUTTER INFUSION AND	Other Medical Service	201.60	0.00	0.00	0.00	171.36	0.00	
					Subtotal:	681.60	0.00	0.00	579.36	0.00	

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MASSACHUSETTS

Friday, October 18, 2019

Claim Summary

Patient Name:
ENRIQUE GALVEZ

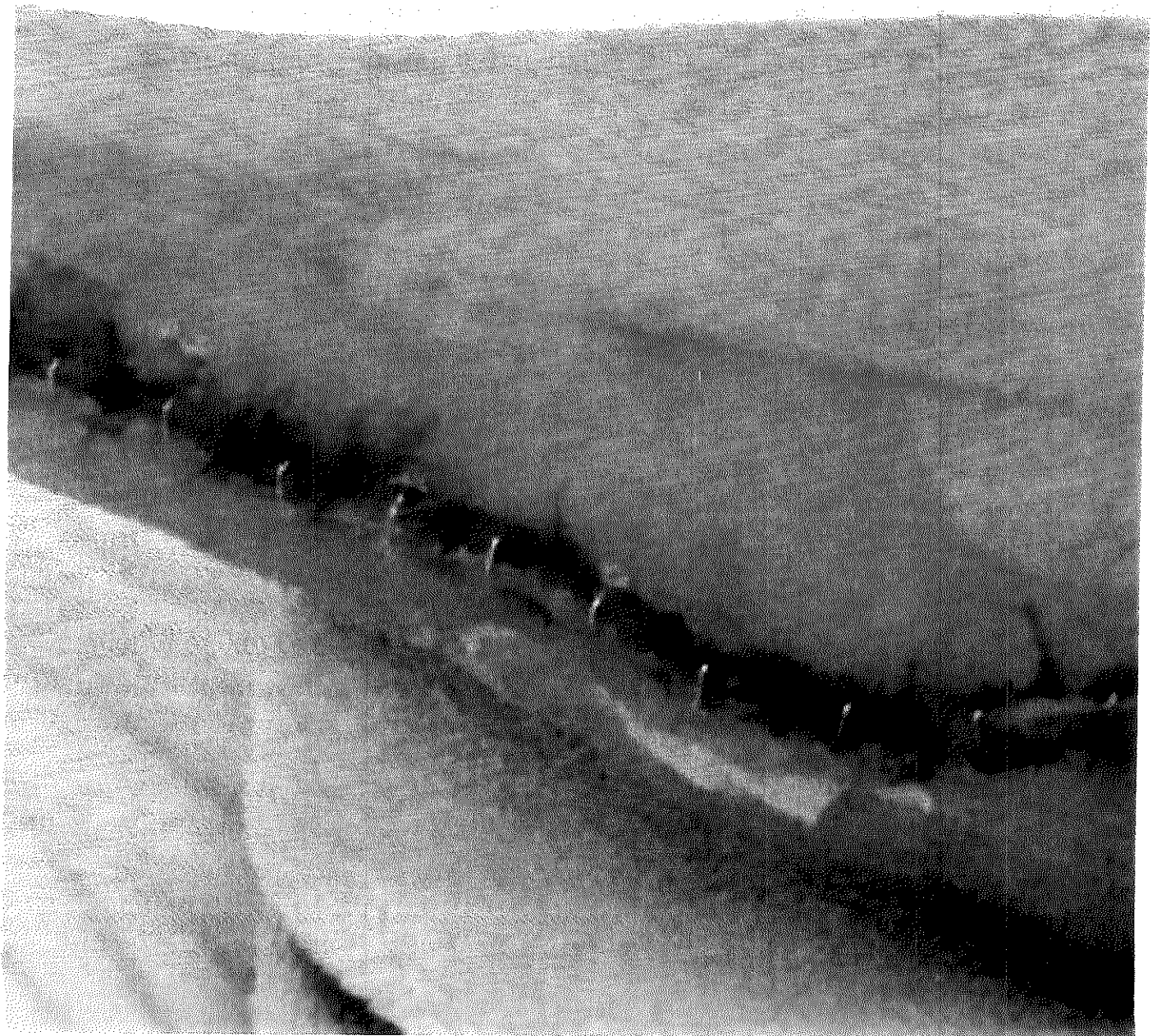
	<u>Charge</u>	<u>Deductible</u>	<u>Coinsurance</u>	<u>Co Pay</u>	<u>Benefits</u>	<u>Liability</u>
Total:	7,172.58	500.00	55.38	735.00	4,350.79	1,290.38

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Loss Inventory

Submitted 10/24/2018 7:35:15 PM UTC

Item Description	Brand or Manufacturer	Model Number	Qty Lost	Item Age	Your Original Cost Pre-tax (each)	Purchased From	Method (Check, Charge, Cash, Gift)	Condition	Business Use	Room
King Bedroom Set	Ashley Furniture		1	0yr/4mo	\$1,600.00		Cash	New		Storage master bedroom
King plush mattresses	BeautySleep		1	0yr/4mo	\$899.00	Ashley		New		Storage master bedroom
50 inch flat screen smart tv	VIZIO		2	1yr/0mo	\$600.00			Average		Storage master bedroom/bedroom
Blu ray player	Samsung		2	0yr/4mo	\$299.99	Best Buy		New		Storage master bedroom/bedroom
Office desk with hutch	Sauder		1	0yr/4mo	\$400.00	Office Depot		New		Storage master bedroom/bedroom
Desk chair ergonomic	Realspace		2	0yr/3mo	\$189.00	Office Depot		New		Storage master bedroom/bedroom
Desktop computer intel	Hewlett-Packard (HP)		1	1yr/3mo	\$499.00	Office depot		Above Average		Storage master bedroom/bedroom
Mini fridge with freezer	Della		1	2yr/0mo	\$350.00	Sears		Above Average		Storage master bedroom/bedroom
Wireless printer office jet	Hewlett-Packard (HP)		1	0yr/3mo	\$149.00	Office Depot		New		Storage master bedroom/bedroom
Dre Beats wireless headphones	Dre Beats		2	1yr/0mo	\$350.00	Best Buy		Above Average		Storage master bedroom/bedroom
Women's Tiffany sunglasses	Tiffany's		1	0yr/10mo	\$360.00	Tiffany's		Above Average		Storage master bedroom/bedroom

Loss Inventory for Claim # 1002-91-4931 Page 1 (printed 10/24/2018 7:35:15 PM UTC)

Women's fossil smart watch	Fossil		1	0yr/10mo	\$255.00		Gift	Above Average	Storage master bedroom/bedroom
Women's Guess watch stainless steel	Guess		1	0yr/10mo	\$93.00		Gift	Above Average	Storage master bedroom/bedroom
Women's Ray Ban Aviator	Ray Ban		1	2yr/0mo	\$203.00	Sunglass hut	Gift	Above Average	Storage master bedroom/bedroom
File cabinet			1	1yr/0mo	\$86.00	Kmart		Average	Storage master bedroom/bedroom
Goose down comforter	Ralph Lauren		2	0yr/4mo	\$95.00	Macy's		Above Average	Storage master bedroom/bedroom
Oversized Recliner	Ashley Furniture		1	0yr/4mo	\$500.00	Ashley Furniture		Above Average	Storage master bedroom/bedroom
Dog bed	Pet maker		2	0yr/6mo	\$34.49	Target		Above Average	Storage master bedroom/bedroom
Dog step			1	0yr/6mo	\$59.99	Target		Above Average	Storage master bedroom/bedroom
Dog kennel			1	0yr/6mo	\$66.99	Target		Above Average	Storage master bedroom/bedroom
Women's shoes	Nike		5	0yr/6mo	\$79.00	Nike outlet		Above Average	Storage master bedroom/bedroom
Ugg boots	Ugg		2	1yr/0mo	\$299.99	Macy's		Above Average	Storage master bedroom/bedroom
Leather boots			4	1yr/0mo	\$159.00	DSW		Above Average	Storage master bedroom/bedroom
Leather jacket	Wilson		1	0yr/8mo	\$300.00	Wilson's Leather		Above Average	Storage master bedroom/bedroom

Wool Peacoat	Anne Klein		1	0yr/9mo	\$225.00	Macy's		Above Average		Storage master bedroom/bedroom
Dre Beats Pill speaker	Dre Beats		1	1yr/0mo	\$229.99			Above Average		Storage master bedroom/bedroom
Women's tool bag			1	0yr/1mo	\$60.00	Sears		New		Storage master bedroom/bedroom
Down comforter king	The seasons collection		2	0yr/8mo	\$219.00			Above Average		Storage master bedroom/bedroom
King comforter set			3	0yr/7mo	\$89.99	Bed bath beyond		Above Average		Storage master bedroom/bedroom
King flannel sheet set			3	1yr/0mo	\$119.99	Bed bath beyond		Average		Storage master bedroom/bedroom
Queen flannel sheet sets			6	0yr/6mo	\$59.99	Bed bath beyond		Above Average		Storage master bedroom/bedroom
Sateen sheet sets king			4	0yr/2mo	\$69.99	Bed bath beyond		New		Storage master bedroom/bedroom
Sateen sheet sets queen			6	0yr/2mo	\$49.99	Bed bath beyond		New		Storage master bedroom/bedroom
Duvet cover set king			2	0yr/6mo	\$89.99	Bed bath beyond		Above Average		Storage master bedroom/bedroom
Duvet cover set queen			2	0yr/5mo	\$35.00	Bed bath beyond		New		Storage master bedroom/bedroom
Bath towel collection			10	0yr/6mo	\$19.99	Bed bath beyond		Above Average		Storage master bedroom/bedroom
Picture frames			5	1yr/0mo	\$25.00	Bed bath beyond		Above Average		Storage master bedroom/bedroom
Women's clothes	True religion		5	1yr/0mo	\$139.00			Above Average		Storage master bedroom/bedroom

Serving bowl	Michael Aram		2	4yr/0mo	\$150.00	Macy's		Above Average	Storage dining rm
Knife and server	Kate Spade		2	2yr/0mo	\$65.00	Macy's		Above Average	Storage dining rm
Serveware collection	Michael Aram		1	1yr/0mo	\$300.00	Macy's		Above Average	Storage dining rm
Mixer	KitchenAid		1	2yr/0mo	\$475.00	Macy's		Above Average	Storage kitchen
Blender	Ninja		1	0yr/6mo	\$249.99	Macy's		New	Storage kitchen
Oven air	Breville		1	1yr/0mo	\$499.99	Macy's		Above Average	Storage kitchen
Coffee brewer	Keurig		1	0yr/8mo	\$220.00	Target		Above Average	Storage kitchen
Stainless steel chafing dish	Bella		4	2yr/0mo	\$59.00	Macy's		Above Average	Storage kitchen
Waffle maker	Bella		1	0yr/6mo	\$45.00	Macy's		Above Average	Storage kitchen
Diamond/Emerald Ring	Zales		1	1yr/0mo	\$1,200.00	Crescent Jewlery		Average	Storage master bedroom/bedroom
Persian Rug	Pier 1 Imports		1	4yr/0mo	\$800.00	Pier 1 Imports		Average	Storage living room
Original Prints Wyland Pictures	Wyland's Pictures		3	10yr/0mo	\$400.00	JC Penny's		Above Average	Storage master bedroom/bedroom
Ball Caps	Champs		6	2yr/0mo	\$30.00	Champs		Average	Storage master bedroom/bedroom
Leather CK wallets	Calvin Klein		2	3yr/0mo	\$60.00	Macy's		Average	Storage master bedroom/bedroom
North Face Sweaters	North Face		4	3yr/0mo	\$90.00	REI		Average	Storage master bedroom/bedroom
North Face Jackets	North Face		2	3yr/0mo	\$120.00	REI		Average	Storage master bedroom/bedroom
Queen Goose Down Comforter	Macy's		2	4yr/0mo	\$400.00	Macy's		Average	Storage master bedroom/bedroom
Douvet Covers	Macy's		3	4yr/0mo	\$80.00	Macy's		Average	Storage master bedroom/bedroom

Loss Inventory for Claim # 1002-91-4931 Page 5 (printed 10/24/2018 7:35:15 PM UTC)

Plush Blankets	Macy's		3	2yr/0mo	\$40.00	Macy's		Average	Storage master bedroom/bedroom
Sham Pillowcases	Macy's		8	3yr/0mo	\$20.00	Macy's		Average	Storage master bedroom/bedroom
Pillowcases	Macy's		8	3yr/0mo	\$20.00	Macy's		Average	Storage master bedroom/bedroom
CPAPS Machine	Kaiser		1	6yr/0mo	\$800.00	Kaiser Perm		Average	Storage master bedroom/bedroom
Egyptian cotton towels	Macy's		8	2yr/0mo	\$20.00	Macy's		Average	Storage master bedroom/bedroom
Clothes Amour	Ethan Allen		1	6yr/0mo	\$5,000.00	Ethan Allen		Average	Storage master bedroom/bedroom
Armani Suit	Armani		2	5yr/0mo	\$1,500.00			Average	Storage master bedroom/bedroom
Stafford Executive Suits	Stafford		3	2yr/0mo	\$450.00			Average	Storage master bedroom/bedroom
Alfani Suits	Alfani		1	2yr/0mo	\$800.00			Average	Storage master bedroom/bedroom
Stafford Executive dress Shirts	Stafford		1	4yr/0mo	\$30.00			Average	Storage master bedroom/bedroom
Van Huesen Sport shirts	Van Huesen		6	2yr/0mo	\$40.00			Average	Storage master bedroom/bedroom
Levi Pants	Levi		8	4yr/0mo	\$45.00	Levi		Average	Storage master bedroom/bedroom
Levi Dockers	Levi		4	3yr/0mo	\$40.00	Levi		Average	Storage master bedroom/bedroom
True Religion Pants	True Religion		2	3yr/0mo	\$130.00	True Religion		Average	Storage master bedroom/bedroom
Lucky Brand Jeans	Lucky Brand		2	3yr/0mo	\$119.00			Average	Storage master bedroom/bedroom
Levi T-Shirts	Levi		5	2yr/0mo	\$30.00	Levi		Average	Storage master bedroom/bedroom
True Religion Pants	True Religion		3	3yr/0mo	\$79.00	True Religion		Average	Storage master bedroom/bedroom
Nike Sweats	Nike		5	4yr/0mo	\$65.00	Nike		Average	Storage master bedroom/bedroom
Abercrombie Hoodies	Abercrombie & Fitch		3	2yr/0mo	\$80.00	Abercrombie & Fitch		Average	Storage master bedroom/bedroom
Nike Socks	Nike		10	2yr/0mo	\$10.00	Nike		Average	Storage master bedroom/bedroom

Loss Inventory for Claim # 1002-91-4931 Page 6 (printed 10/24/2018 7:35:15 PM UTC)

Nike Air Max Shoes	Nike		3	2yr/0mo	\$120.00	Nike		Average	Storage bathroom
Clarks Dress Shoes	Clarks Shoes		4	2yr/0mo	\$90.00	Clarks Shoes Store		Average	Storage bathroom
Clarks Sandals	Clarks Shoes		4	2yr/0mo	\$70.00	Clarks Shoes Store		Average	Storage bathroom
Clarks Dress Shoes	Clarks Shoes		10	2yr/0mo	\$100.00	Clarks Shoes Store		Above Average	Storage master bedroom
Henry Grethall Ties	Henry Grethall		20	4yr/0mo	\$30.00			Average	Storage bathroom
Van Huesan Ties	Van Huesan		10	4yr/0mo	\$10.00			Average	Storage bathroom
Timberland Boots	Timberland		2	4yr/0mo	\$120.00			Average	Storage bathroom
Alfani Slippers	Alfani		4	3yr/0mo	\$35.00			Average	Storage bathroom
Wilson's Leather Jacket	Wilson's Leather		1	2yr/0mo	\$450.00	Wilson's Leather		Average	Storage bathroom
Calvin Klein Boxers 6 pair	Calvin Klein		2	2yr/0mo	\$20.00	Calvin Klein		Average	Storage master bedroom/bedroom
Bose Surround Sound	Bose		1	3yr/0mo	\$2,500.00	Bose		Average	Storage family room
Boliva Watches	Boliva		2	5yr/0mo	\$500.00	Macy's		Average	Storage bathroom
Timex Watches	Timex		2	5yr/0mo	\$375.00	Macy's		Average	Storage bathroom
Women True Religion Jeans	True Religion		3	3yr/0mo	\$199.00	True Religion		Average	Storage bathroom
Women True Religion Hoodies	True Religion		3	2yr/0mo	\$119.00	True Religion		Average	Storage bathroom
Women True Religion Blouses	True Religion		4	2yr/0mo	\$79.00			Average	Storage bathroom
Green Works Lithium Brushless/Cordless Electric Lawn Mower	Green Works		1	4yr/0mo	\$599.00	Lowe's		Average	Storage bathroom
Electric toothbrush	Sonic		2	0yr/4mo	\$100.00			Average	Storage bathroom
Men's cologne	Hugo Boss		2	0yr/6mo	\$65.00	Macys		New	Storage master bedroom
Men's cologne	Chanel		1	0yr/2mo	\$75.00			Above Average	Storage master bedroom
Cologne	Polo Ralph Lauren		1	1yr/0mo	\$60.00			Average	Storage master bedroom

Queen Bedroom set	Beautyrest		1	1yr/0mo	\$1,500.00			Average	Storage master bedroom/bedroom
Radio control car			1	1yr/0mo	\$400.00	Hobbie lobby		Average	Storage master bedroom/bedroom
JBL loudspeakers	JBL		2	1yr/0mo	\$299.00			Average	Storage master bedroom/bedroom
RC Drone	Holy Stone		1	0yr/8mo	\$249.00		Gift	Above Average	Storage family room
Blow dryer	Jinri		2	2yr/0mo	\$45.00			Average	Storage master bedroom
Radar detector			1	2yr/0mo	\$150.00	Best buy		Average	Storage bathroom
Metal detector			1	2yr/0mo	\$250.00	Home Depot		Above Average	Storage master bedroom
Women's perfume	212 Carolina Herrera		2	0yr/6mo	\$80.00	Macy's		New	Storage master bedroom
Women's perfume	Chanel		1	1yr/0mo	\$75.00	Macy's		Above Average	Storage master bedroom
Women's perfume	Victoria secrets		2	1yr/0mo	\$65.00	Victoria Secrets		Average	Storage master bedroom
Tempur-contour mattress	Tempur-pedic		1	2yr/0mo	\$3,799.00			Above Average	Storage master bedroom/bedroom
Tempur- ergo adjustable base	Tempur-pedic		1	2yr/0mo	\$1,499.00			Above Average	Storage master bedroom/bedroom
Tempur- dual cooling pillows	Tempur-cloud		1	2yr/0mo	\$169.00			Average	Storage master bedroom/bedroom
Down comforters/ converters			2	2yr/0mo	\$399.00			Average	Storage master bedroom/bedroom
6 tool cordless combo kit	DeWalt		1	3yr/0mo	\$799.00			Average	Storage garage
Table saw	DeWalt		1	4yr/0mo	\$349.00			Average	Storage garage
Chain saw electric	DeWalt		1	3yr/0mo	\$349.00	Lowe's		Average	Storage garage

Hand held leave blower electric	DeWalt		1	3yr/0mo	\$300.00				Above Average	Storage garage
Garage storage system	New age products		1	2yr/0mo	\$2,100.00	Lowe's			Above Average	Storage garage
Egyptian cotton sheets set			4	1yr/0mo	\$189.00				Average	Storage master bedroom/bedroom
LV grease sunglasses	Louis Vuitton		1	1yr/0mo	\$720.00		Gift		Above Average	Storage master bedroom/bedroom
LV Boogie Nights Sunglasses	Louis Vuitton		1	1yr/0mo	\$665.00		Gift		Above Average	Storage master bedroom/bedroom
Egyptian cotton pillowcases			4	2yr/0mo	\$39.00				Average	Storage master bedroom/bedroom
Replacement covertop	Tempur-pedic		1	2yr/0mo	\$250.00				Average	Storage master bedroom/bedroom
8 piece towel set	Madison park signature		1	2yr/0mo	\$130.00	Macy's			Average	Storage bathroom
Spa cotton towel set	Avanti		2	3yr/0mo	\$142.00	Macy's			Average	Storage bathroom
Bath Towels	Jopennys home		15	4yr/0mo	\$8.00	JcPenny's			Average	Storage bathroom
Upholstered Storage Bench	Lorraine		1	2yr/0mo	\$1,000.00	Pottery Barn			Above Average	Storage living room
Night stands	Branford		2	2yr/0mo	\$649.00	Pottery Barn			Above Average	Storage living room
Console table	Griffin		1	3yr/0mo	\$1,900.00	Pottery Barn			Above Average	Storage living room
Floor lamps	Nyame		2	2yr/0mo	\$59.00	IKEA			Above Average	Storage living room
Rug	Stockholm		1	2yr/0mo	\$299.00	IKEA			Above Average	Storage master bedroom/bedroom
Throw rug	Stimlorn		1	2yr/0mo	\$59.00	IKEA			Average	Storage master bedroom/bedroom
9 drawer chest	Nordli		1	3yr/0mo	\$417.00	IKEA			Above Average	Storage master bedroom/bedroom

Loss Inventory for Claim # 1002-91-4931 Page 9 (printed 10/24/2018 7:35:15 PM UTC)

Table lamps	Egelsta		2	3yr/0mo	\$79.00	IKEA		Average	Storage master bedroom/bedroom
Mirror	Mongstad		1	2yr/0mo	\$149.00	IKEA		Average	Storage master bedroom/bedroom
Large tote	Gucci		1	2yr/0mo	\$1,500.00	Nordstrom		Above Average	Storage master bedroom/bedroom
Zippy wallet	Louis Vuitton		1	3yr/0mo	\$805.00	Nordstrom		Above Average	Storage master bedroom/bedroom
Medium purse	Gucci		1	2yr/0mo	\$1,590.00	Nordstrom		Above Average	Storage master bedroom/bedroom
Plush Blankets			2	1yr/0mo	\$40.00			Average	Storage master bedroom/bedroom
Jacket	Calvin Klein		1	3yr/0mo	\$500.00			Average	Storage master bedroom/bedroom
Men's diamond wedding ring 14k white gold	Ever Us		1	4yr/0mo	\$1,800.00	Kay	Gift	Average	Storage master bedroom/bedroom
Xbox one video bundle	Microsoft		1	3yr/0mo	\$399.00	Best Buy		Average	Storage family room
Video game xbox	Microsoft		7	2yr/0mo	\$59.00			Average	Storage family room
Recliner w/massage & heat	La z boy		1	3yr/0mo	\$1,400.00	Laz boy		Above Average	Storage family room
PlayStation 4	Sony		1	2yr/0mo	\$299.00	Target		Average	Storage family room
PlayStation games	Sony		10	2yr/0mo	\$59.00	Walmart		Average	Storage family room
65" LED smart tv	Samsung		1	2yr/0mo	\$999.00	Best buy		Above Average	Storage family room
55" tv smart roku	Roku		1	3yr/0mo	\$400.00			Above Average	Storage family room
40" smart hd tv	VIZIO		1	3yr/0mo	\$225.00	Best buy		Average	Storage master bedroom/bedroom
Front loader washer	LG		1	5yr/0mo	\$1,200.00	Best buy		Average	Storage laundry

Loss Inventory for Claim # 1002-91-4931 Page 10 (printed 10/24/2018 7:35:15 PM UTC)

Front loader dryer	LG		1	5yr/0mo	\$1,200.00	Best buy		Average	Storage laundry
Armoire	Hooker furniture		1	4yr/0mo	\$2,500.00	Wayfair		Average	Storage master bedroom/bedroom
Outside patio set 8 chairs glass table	Hanover		1	4yr/0mo	\$2,398.00	Kmart		Above Average	Storage Yard
Outdoor fire pit propane gas	Crawford & Burke		1	4yr/0mo	\$344.00	Home depot		Average	Storage Yard
Outdoor speaker	Klipsch		4	4yr/0mo	\$249.00	Frys electronic		Above Average	Storage Yard
BBQ grill	Pit boss		1	4yr/0mo	\$598.00	Lowes		Average	Storage Yard
Propane gas grill	Weber		1	4yr/0mo	\$699.00	Lowes		Average	Storage Yard
Grill cover	Weber		2	4yr/0mo	\$69.00			Average	Storage Yard
Wheel barrow	Kobalt		1	5yr/0mo	\$87.00	Lowes		Average	Storage Yard
5 drawer chest	Kullen		3	2yr/0mo	\$79.00	Ikea		Above Average	Storage master bedroom/bedroom
2 drawer chest	Kullen		2	2yr/0mo	\$39.00	IKEA		Average	Storage master bedroom/bedroom
18 piece dinnerware set	Fargrik		2	1yr/0mo	\$2.00	IKEA		Above Average	Storage kitchen
6 pk glasses	Vardagen		4	2yr/0mo	\$5.00	IKEA		Above Average	Storage kitchen
4piece dinnerware set			10	1yr/0mo	\$19.00	Ikea		New	Storage kitchen
Shoe rack	Elvarli		2	2yr/0mo	\$180.00	IKEA		Above Average	Storage master bedroom/bedroom
Hat rack	Hemnes		1	2yr/0mo	\$49.00	IKEA		Above Average	Storage master bedroom/bedroom
Tie rack	Richelieu		1	3yr/0mo	\$59.00	Wayfair		Average	Storage master bedroom/bedroom
Antique Armoire carvings			1	10yr/0mo	\$3,500.00		Gift	Above Average	Storage master bedroom/bedroom
Blu ray DVD movies			50	5yr/0mo	\$20.00			Average	Storage living room
laptop	Compaq		2	3yr/0mo	\$400.00			Average	Storage living room

Loss Inventory for Claim # 1002-91-4931 Page 11 (printed 10/24/2018 7:35:15 PM UTC)

Canopy bed	Farmhouse		1	4yr/0mo	\$1,500.00	Pottery barn		Above Average	Storage master bedroom/bedroom
Lift trunk	Kaplan		1	4yr/0mo	\$699.00	Pottery Barn		Above Average	Storage master bedroom/bedroom
Media suite w/ cabin doors and glass	Logan		1	4yr/0mo	\$3,100.00	Pottery barn		Above Average	Storage living room
Desk	Logan		1	4yr/0mo	\$999.00	Pottery barn		Above Average	Storage office
Air compressor	Central pneumatic		1	3yr/0mo	\$174.00	Harbor freight		Above Average	Storage garage
Pressure washer	Predator		1	4yr/0mo	\$360.00	Harbor freight		Above Average	Storage garage
301 pc mechanic tools	Klutch		1	1yr/0mo	\$299.00		Gift	New	Storage garage
Impact wrench	Bauer		1	1yr/0mo	\$119.00	Harbor freight		New	Storage garage
Jump starter and power pack	Viking		1	2yr/0mo	\$79.00	Harbor freight		Above Average	Storage garage
Combo wrench set metric	Grainger		1	2yr/0mo	\$262.00			Above Average	Storage garage
Acoustic guitar	Guild		1	2yr/0mo	\$449.00		Gift	Above Average	Storage master bedroom/bedroom
450 piece mechanic tool set	Craftsman		1	3yr/0mo	\$450.00	Sears		Above Average	Storage kitchen
Luggage set	Tag Springfield		1	2yr/0mo	\$200.00	Macys		Above Average	Storage garage
Drill bit 300 pc	Craftsman		1	2yr/0mo	\$26.00	Sears		Above Average	Storage garage
4 drawer rolling cabinet	Craftsman		1	2yr/0mo	\$174.00	Sears		Above Average	Storage garage
Wet/dry vac	Craftsman		1	2yr/0mo	\$77.00	Sears		Above Average	Storage garage
Socket set	Craftsman		1	3yr/0mo	\$499.00			Above Average	Storage garage
Sub compact drill	Makita		1	3yr/0mo	\$230.00	Home Depot		Above Average	Storage garage
Circular saw	Makita		1	1yr/0mo	\$100.00	Home Depot		New	Storage garage
Brad nailer	Makita		1	2yr/0mo	\$250.00	Home Depot		Above Average	Storage garage
Miter saw	Makita		1	2yr/0mo	\$600.00	Home Depot		Above Average	Storage garage
Wet tile saw 10 in	Mk diamond		1	3yr/0mo	\$1,600.00	Lowes		Above Average	Storage garage

Loss Inventory for Claim # 1002-91-4931 Page 12 (printed 10/24/2018 7:35:15 PM UTC)

Saw blade	Diamond		1	1yr/0mo	\$40.00	Lowe's		New	Storage garage
8 ft ladder	Werner		2	3yr/0mo	\$120.00	Lowe's		Average	Storage garage
Lapis Azula ring			1	5yr/0mo	\$300.00	JCPennys		Above Average	Storage master bedroom/bedroom
Pair jade earrings			1	4yr/0mo	\$450.00	JCPennys		Above Average	Storage master bedroom/bedroom
Jade/ Diamond ring			1	4yr/0mo	\$800.00	Marksamer jewelers		Above Average	Storage master bedroom/bedroom
Opal/diamond ring			1	4yr/0mo	\$900.00	Marksamer jewelers		Above Average	Storage master bedroom/bedroom
Antique solitaire princess cut 3 ctw diamond ring			1	20yr/0mo	\$6,000.00	Marksamer		Average	Storage master bedroom/bedroom
2ctw diamond stud			1	5yr/0mo	\$1,500.00		Gift	Above Average	Storage master bedroom/bedroom
Glass vase	Tiffany & co		1	4yr/0mo	\$240.00	Tiffany		Above Average	Storage living room
Glass bowl	Tiffany & co		1	4yr/0mo	\$180.00	Tiffany		Above Average	Storage dining rm
Cake plate	Tiffany & co		1	4yr/0mo	\$185.00	Tiffany		New	Storage dining rm
All clad cookware			1	2yr/0mo	\$1,455.00	Crate & Barrel		Above Average	Storage kitchen
Brass candle holder			1	3yr/0mo	\$298.00	Crate & Barrel		Above Average	Storage living room
Wall candle holder			1	2yr/0mo	\$199.00	Crate & Barrel		Below Average	Storage living room
Films and tires set of 4	Lion sport		1	3yr/0mo	\$1,200.00			Above Average	Storage garage
Stainless steel candle holder set			1	4yr/0mo	\$164.00	Crate and barrel		Above Average	Storage family room
Home office	Beckman		1	4yr/0mo	\$3,500.00			Average	Storage office
Bathroom rugs			1	2yr/0mo	\$99.00	Nordstrom		Above Average	Storage bathroom
Kitchen island	Sheridan		1	2yr/0mo	\$699.00	William Sonoma		Above Average	Storage kitchen
Natural throw	Tepi		1	1yr/0mo	\$39.00	William Sonoma		New	Storage garage

Floor mirror	Colby		1	2yr/0mo	\$349.00	William Sonoma		Above Average	Storage master bedroom/bedroom
Papel Print			1	4yr/0mo	\$900.00	William Sonoma		Above Average	Storage family room
Pillows	Luden		5	2yr/0mo	\$39.00	William Sonoma		Above Average	Storage master bedroom
Glass candle holders set	London		1	3yr/0mo	\$39.00	William Sonoma		Above Average	Storage master bedroom
Bronze wall frames			2	2yr/0mo	\$49.00	William Sonoma		Above Average	Storage master bedroom
Luggage set 3 piece	Kenneth Cole		1	2yr/0mo	\$800.00	Macy's		Above Average	Storage garage
Stainless steel silverware	Column frosted		1	4yr/0mo	\$400.00	William glen		Average	Storage kitchen
Crystal drop chandelier			1	5yr/0mo	\$1,899.00	Pottery barn		Above Average	Storage dining rm
Hand knotted rug runner			1	2yr/0mo	\$995.00	William sonoma		Above Average	Storage dining rm
Wood shelf and bracket			1	2yr/0mo	\$200.00	William Sonoma		Above Average	Storage family room
Jeffrey Conley photography			1	4yr/0mo	\$995.00	William Sonoma		Average	Storage family room
10.5 ft artificial Christmas tree Douglas fir	Sears		1	3yr/0mo	\$500.00	Seats		Average	Storage family room
Christmas ornaments	Sears		100	10yr/0mo	\$10.00			Average	Storage family room
Christmas decorations	Sears		100	6yr/0mo	\$10.00	Sears, Macy's ; Christmas stores		Average	Storage family room
Cast iron 5pcs cookware	Le Creuset		1	3yr/0mo	\$610.00	William Sonoma		Average	Storage kitchen
Fryer toaster oven	Cuisinart		1	2yr/0mo	\$249.99	Macy's		Average	Storage kitchen
Electric kettle	Cuisinart		1	2yr/0mo	\$124.99	Macy's		Average	Storage kitchen
Stainless 15 pcs cutlery set	Cuisinart		1	3yr/0mo	\$134.99	Macy's		Average	Storage kitchen
4-slice toaster	Cu		1	3yr/0mo	\$49.99	Macy's		Average	Storage kitchen
Round Belgium waffle mkr	Cuisinart		1	5yr/0mo	\$74.99	Macy's		Average	Storage kitchen
Barista express espresso maker	Breville		1	3yr/0mo	\$749.99	Macy's		Average	Storage kitchen

Loss Inventory for Claim # 1002-91-4931 Page 14 (printed 10/24/2018 7:35:15 PM UTC)

Hardside spinner luggage	Samsontite		1	3yr/0mo	\$700.00	Macy's		Average	Storage master bedroom/bedroom
Eva ultrasonic humidifier	Stadler form		1	3yr/0mo	\$199.99	Bed bath & beyond		Average	Storage master bedroom/bedroom
Floor jack with stand	Lowes		1	4yr/0mo	\$139.00	Lowes		Average	Storage master bedroom/bedroom
Outdoor dining set	S'dente		1	4yr/0mo	\$1,039.99	Home Depot		Average	Storage Yard
3 person patio yard swing	Lakeland mills		1	4yr/0mo	\$399.00	Home Depot		Average	Storage Yard
4 cycle gas lawn edger	Troy-Bilt		1	3yr/0mo	\$299.99	Lowes		Average	Storage Yard
Fiberglass long handle digging shovel	Kobalt		1	3yr/0mo	\$26.98	Lowes		Average	Storage Yard
Lopped & prunner	Stanley Bostitch		1	4yr/0mo	\$74.98	Lowes		Average	Storage Yard
Fiberglass handle steal garden rack	Kobalt		1	3yr/0mo	\$26.98	Lowes		Average	Storage Yard
8 people tent	Nemo		1	3yr/0mo	\$749.95	REI		Average	Storage garage
Love seat camp lounge chair	Kelty		3	3yr/0mo	\$99.95	REI		Average	Storage garage
Lounge chair	Rei		3	3yr/0mo	\$69.95	REI		Average	Storage garage
Base camp system camp stove	Jetboil		1	3yr/0mo	\$349.99	REI		Average	Storage garage
Double sleeping bag	North Face		1	2yr/0mo	\$169.95			Average	Storage garage
Men hiking boots	Lowa		1	3yr/0mo	\$400.00	REI		Average	Storage master bedroom
Women hiking boots	Lowa		1	2yr/0mo	\$135.00	REI		Average	Storage master bedroom
Men's down jacket	Arc'teryx		1	4yr/0mo	\$949.00	REI		Average	Storage master bedroom
Women's down jacket	Arc'teryx		1	4yr/0mo	\$899.00	REI		Average	Storage master bedroom
Deluxe top kitchen top	Mounalain summit		1	5yr/0mo	\$119.00	REI		Average	Storage garage
Camper cook set	Pinnacle		1	2yr/0mo	\$139.99	REI		Average	Storage garage
Cooler	Yeti		2	3yr/0mo	\$150.00	REI		Average	Storage garage
Outdoor knife set	GSI		1	2yr/0mo	\$39.99	REI		Average	Storage garage

Loss Inventory for Claim # 1002-91-4931 Page 15 (printed 10/24/2018 7:35:15 PM UTC)

Kitchen camping kit	GSI		1	2yr/0mo	\$37.00	REI		Average		Storage garage
Instant canopy	Quick shade		3	2yr/0mo	\$159.00	Big 5		Average		Storage garage
Air bed	INTEX		4	2yr/0mo	\$99.99	Big 5		Average		Storage garage
Sleeping bags	Coleman		2	1yr/0mo	\$89.99	Big 5		Average		Storage garage
Snowboards	Day maker		2	1yr/0mo	\$164.50	Dicks sporting goods		Average		Storage garage
Ski clothes & accessories	North Face		10	3yr/0mo	\$100.00	Dicks sporting goods		Average		Storage master bedroom/bedroom
Warriors jerseys	Nike		3	2yr/0mo	\$110.00	Dicks sporting goods		Average		Storage master bedroom/bedroom
Warriors hoodies	Nike		2	2yr/0mo	\$150.00	Dicks sporting goods		Average		Storage master bedroom/bedroom
49er Jersey	Mitchell & NESS		2	3yr/0mo	\$159.00	Dicks sporting goods		Average		Storage master bedroom/bedroom
San Francisco Giants jersey	Majestic		2	3yr/0mo	\$250.00	Dicks sporting goods		Average		Storage master bedroom/bedroom
Shoe storage wood	Jonathan Adler		1	2yr/0mo	\$1,300.00			Above Average		Storage master bedroom/bedroom
Outdoor lounge chair	Quest		6	2yr/0mo	\$25.00	Dicks sporting goods		Average		Storage master bedroom/bedroom
Barrel chairs	Kennedy		1	2yr/0mo	\$879.00	Wayfair	Gilt	Average		Storage master bedroom/bedroom
Electric wheelchair			1	4yr/0mo	\$3,500.00			Average		Storage garage
Steam station	Rowenta		1	5yr/0mo	\$430.00	JCPENNY'S		Average		Storage garage
Pressure cooker	Calphalon		4	3yr/0mo	\$199.00	Kohl's		Above Average		Storage kitchen
Turkey fryers	King cooker		1	2yr/0mo	\$98.00	Sams club		Above Average		Storage kitchen
Rice cooker	Hamilton Beach		1	3yr/0mo	\$124.00	Sams club		Above Average		Storage kitchen

Loss Inventory for Claim # 1002-91-4931 Page 16 (printed 10/24/2018 7:35:15 PM UTC)

Stereo receiver	Harman kardon		1	4yr/0mo	\$359.00	Frys electronics		Above Average		Storage living room
Karaoke machine computer system	CAVS		1	4yr/0mo	\$2,000.00			Above Average		Storage family room
Kat von d shade light vault limited edition make up kit	Kat Von D		1	2yr/0mo	\$450.00		Gift	New		Storage master bedroom/bedroom
Make up brushes	Sephora		1	0yr/6mo	\$70.00	Sephora		New		Storage master bedroom/bedroom
Grandfather clock	Howard Miller		1	10yr/0mo	\$3,500.00			Average		Storage living room
Make up brushes	Artis		1	1yr/0mo	\$360.00	Nordstrom		Above Average		Storage master bedroom/bedroom
Artistry Palette	Laura Mercier		1	0yr/6mo	\$128.00	Nordstrom		New		Storage master bedroom/bedroom
Face make up	Hourglass		1	0yr/4mo	\$80.00	Nordstrom		New		Storage master bedroom/bedroom
Perfume spray	Chanel		1	1yr/0mo	\$210.00	Nordstrom		Above Average		Storage master bedroom/bedroom
Perfume spray	Dior		1	0yr/6mo	\$140.00	Nordstrom		Above Average		Storage master bedroom/bedroom
Make up	Bobbi Brown		1	0yr/3mo	\$75.00	Nordstrom		Above Average		Storage master bedroom/bedroom
Burberry gift set perfume/ lotion	Burberry		1	0yr/5mo	\$138.00		Gift	New		Storage master bedroom/bedroom
Polar sunglasses	Vuarnet		1	3yr/0mo	\$285.00			Average		Storage master bedroom/bedroom
14k Harrington chain gold			1	5yr/0mo	\$500.00	Marksam		Average		Storage master bedroom/bedroom

Loss Inventory for Claim # 1002-91-4931 Page 17 (printed 10/24/2018 7:35:15 PM UTC)

22k gold chain				1	5yr/0mo	\$1,200.00	Marksamer			Average		Storage master bedroom/bedroom
Quilted jacket	Burberry			1	2yr/0mo	\$595.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Straight legged jeans	Calvin Klein			1	2yr/0mo	\$450.00	Nordstrom		Gift	Above Average		Storage master bedroom/bedroom
Women's jeans	Levi			1	1yr/0mo	\$168.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Midi dress	Polo Ralph Lauren			1	1yr/0mo	\$498.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Wool dress	Boss			1	2yr/0mo	\$485.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Dress	Boss			1	2yr/0mo	\$495.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Jumpsuit	Heartloom			1	2yr/0mo	\$150.00				Above Average		Storage master bedroom/bedroom
Sleeveless dress	Boden			1	0yr/8mo	\$150.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Off shoulder dress	Dress the population			1	1yr/0mo	\$158.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Sheath dress	Adelyn rae			1	2yr/0mo	\$158.00				Above Average		Storage master bedroom/bedroom
Women's heels	Veronica beard			1	2yr/0mo	\$495.00	Nordstrom			Above Average		Storage master bedroom/bedroom
Women's pumps	Tony Burch			1	2yr/0mo	\$378.00	Nordstrom			Above Average		Storage master bedroom/bedroom

Loss Inventory for Claim # 1002-91-4931 Page 18 (printed 10/24/2018 7:35:15 PM UTC)

Sandal heel	kate spade new york		1	3yr/0mo	\$328.00	Nordstrom		Above Average		Storage master bedroom/bedroom
Sandal	Via spica		1	0yr/9mo	\$325.00	Nordstrom		Below Average		Storage master bedroom/bedroom
Boot			1	3yr/0mo	\$595.00	DSW Designer shoe warehouse		Above Average		Storage master bedroom/bedroom
Sandal	Karolina		1	2yr/0mo	\$99.00	DSW		Average		Storage master bedroom/bedroom
Western boots	Lovesick		1	2yr/0mo	\$299.00			Above Average		Storage master bedroom/bedroom
Extra large stainless steel pot	Bayou		3	1yr/0mo	\$164.00	Lowe's		Above Average		Storage kitchen
Class ring men's	olsten		1	30yr/0mo	\$399.00	Jolsten		Average		Storage master bedroom/bedroom
Christmas decorations			1	10yr/0mo	\$1,000.00			Average	No	Storage master bedroom/bedroom
Large Jewelry wall unit			1	2yr/0mo	\$300.00			Average		Storage master bedroom/bedroom
Wood bunk beds twin			1	3yr/0mo	\$600.00	RCWilley		Above Average		Storage master bedroom/bedroom
4 drawer dresser	Rustic		1	3yr/0mo	\$350.00	RCWilley		Above Average		Storage master bedroom/bedroom
Twin mattresses	Sunset ruby		2	3yr/0mo	\$250.00	RCWilley		Above Average		Storage master bedroom/bedroom

Important Information

For your protection California law requires the following to appear on this form:
ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON. (California Insurance Code Section 1879.2)

INSTRUCTIONS

We want to make sure the process goes as smoothly as possible for you. A few tips to help that along:

1. Before you get started, read the **"EVALUATION OF YOUR CLAIM – WHAT WE WILL DO"** section below.
2. Each item involved in the loss should be listed on a separate line unless the items are exact duplicates, in which case, please include the specific quantity.
3. If receipts and other verifying documents (operating manuals, personal photographs, warranty cards, service receipts, credit card receipts, purchase receipts, etc.) are available please include legible copies for review. You may attach digital copies of these documents online. **ANY ORIGINAL DOCUMENTS MAILED TO US WILL NOT BE RETURNED.**
4. In the case of a theft loss, you must ensure that any items listed on the inventory must also be listed on the police report pertaining to the theft. You will need to contact the police department to arrange a supplementary report if any items were not included in the original police report.
5. You must submit your list and certify its accuracy before we can begin evaluating your property.

THE EVALUATION OF YOUR CLAIM - WHAT WE WILL DO

Loss Inventory for Claim # 1002-91-4931 Page 20 (printed 10/24/2018 7:35:15 PM UTC)

While we have probably discussed the evaluation process with you by phone, we want to provide you with a written reference confirming what we do with your Property Loss Inventory after you return it to us. There will be a few terms that will help in our explanation.

"Replacement Value" is the cost to replace the damaged item on the market at the time of the loss with like kind and quality.

"Actual Cash Value" is the item's Replacement Value less a deduction for physical depreciation based upon its condition and age at the time of the loss.

"Condition" is the amount of wear and use that has occurred to an item by the time of the loss. Our software uses four categories: New, Above Average, Average and Below Average.

"New" indicates the item is still in its original package or it may be an antique that is in sale-ready condition. A computer that was just delivered last week should be New.

"Above Average" condition indicates that the item was in better than normal condition, either by how often it was used or it did not wear as much as normal use would produce. A rarely worn sweater is an example of an item that may have above average condition.

"Average" condition indicates that the item was being used as designed and that it should last what a normal item of its type is designed to last. A lawn mower used each week during the summer is probably categorized appropriately as average condition.

"Below Average" condition indicates that the item was wearing out faster than products of similar nature that are subjected to average or normal wear. A child's favorite toy could often be categorized as below average while the same child's less favored toys could often maintain their condition within the average or above average ratings.

Once you submit and certify your inventory online, we will determine the Replacement Value of each item based on current market conditions. We will then apply depreciation based on the age and Condition of each item individually. We will consider all information obtained during the claim, including the information you supply, with regard to determining appropriate Condition and depreciation. We therefore rely on you to provide us information on Condition of the item(s) when the loss occurred, i.e. "New," "Above Average", "Average" or "Below Average." For items that were in average condition, you do not need to provide us a Condition rating. Instead, if

you leave the Condition field blank for an item you will indicate to us that we should evaluate the depreciation based on average condition.

If you have any questions or concerns about the form, our evaluation procedures, or the values we determine for any item you should feel free to contact us.

G



CSAA Insurance Exchange

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Insured: ENRIQUE GALVEZ
Property: 1832 SANSONE DR
SANTA ROSA, CA 95403
Home: 1832 SANSONE DR
SANTA ROSA, CA 95403

Cell: (707) 230-3110
Home: (707) 280-8909
Cell2: (707) 230-3110
E-mail: enrique.galvez707@gmail.com

Claim Rep.: Adeyemi Adefemi

Business: (856) 209-7144
E-mail: Adeyemi.Adefemi@csaa.com

Claimant: ENRIQUE GALVEZ
Home: 1832 SANSONE DR
SANTA ROSA, CA 95403

Cell: (707) 230-3110

Estimator: HOLLIER, ROBIN

Claim Number: 1002-91-4931

Policy Number: HL96711

Type of Loss: Fire

Date Contacted: 10/27/2018
Date of Loss: 10/8/2017 12:00 AM
Date Inspected:
Date Est. Completed: 10/29/2018 2:29 PM

Date Received: 10/3/2018 3:28 PM
Date Entered: 10/27/2018

Price List: CASO8X_OCT18
Restoration/Service/Remodel
Estimate: ENRIQUE_GALVEZ



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ENRIQUE_GALVEZ

Contents Collaboration

Storage master bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
1. Blaneville 6-Piece King Bedroom								
1.00 EA	1,206.98	104.10	1,311.08	0.33/NA	New	0%	(0.00)	1,311.08
Orig. Desc. - Ashley Furniture, King Bedroom Set								
Method (Check, Charge, Cash, Gift): Cash								
https://www.ashleyfurniture.com/p/blaneville-6-piece-bedroom/APG-B224-QP6-Master.html?dwvar_APG-B224-QP6-Master_color=Brown&cgid=s ets-bedroom-sets								
2. Beautyrest Silver Oceanside Extra Firm King Mattress								
1.00 EA	1,139.40	98.27	1,237.67	0.33/NA	New	0%	(0.00)	1,237.67
Orig. Desc. - BeautySleep, King plush mattresses								
Purchased From: Ashley								
https://www.ashleyfurniture.com/p/beautyrest-silver-oceanside-extra-firm-mattress/75308250M-Master.html?dwvar_75308250M-Master_color=White%2FGray&cgid=all-mattresses-link-only								
3. GRAPHIC LOGO HOODIE								
3.00 EA	68.00	17.60	221.60	2/8 yrs	Avg.	25%	(51.00)	170.60
Orig. Desc. - Abercrombie & Fitch, Abercrombie Hoodies								
Purchased From: Abercrombie & Fitch								
https://www.abercrombie.com/shop/us/p/-12280319?seq=01&source=googleshopping&cmp=PLA_633829556_346129566_22853256366_166155509286_c_pla_online&gclid=EAIaIQobChMIy6X-9q2s3gIVEER-Ch3iIgH9EAQYASABEGLoJvD_BwE&gclsrc=aw.ds								
4. MEN'S TILDEN MEDIUM/WIDE CAP TOE OXFORD								
10.00 EA	69.99	60.37	760.27	2/3 yrs	Above Avg.	40%	(279.96)	480.31
Orig. Desc. - Clarks Shoes, Clarks Dress Shoes								
Purchased From: Clarks Shoes Store								
https://www.famousfootwear.com/en-US/Product/03962-5247820/Clarks/Dark+Tan+Leather/Mens+Tilden+Medium_Wide+Cap+Toe+Oxford.aspx?partnerid=adwordspia&cvo_adid=5247820-03962-14.0M&cvo_src=cse.GoogleShopping.03962&cvo_campaign=General&KPID=5247820-03962-14.0M%26k_clickid%3D4f433054-4aba-426d-aa7d-154cf1c055af&gclid=EAIaIQobChMIr6X0gK6s3gIVh8BkCh0HhQguEAQYyABEGJjVvD_BwE								
5. Hugo Boss Boss Bottled United Men's 3.3-ounce Eau de Toilette Spray								
2.00 EA	68.49	11.81	148.79	0.5/NA	New	0%	(0.00)	148.79
Orig. Desc. - Hugo Boss, Men's cologne								
Purchased From: Macys								
https://www.overstock.com/Health-Beauty/Hugo-Boss-Boss-Bottled-United-Mens-3.3-ounce-Eau-de-Toilette-Spray/24301176/product.html								
6. EGOISTE Eau de Toilette Spray								
1.00 EA	75.00	6.47	81.47	0.17/NA	Above Avg.	0%	(0.00)	81.47
Orig. Desc. - Chanel, Men's cologne								
Purchased From:								

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10/29/2018

Page: 2



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CONTINUED - Storage master bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.chanel.com/us/fragrance/p/114450/egoiste-eau-de-toilette-spray/?gclid=EAIaIQobChMI2OSpoa-s3gIVUWF-Ch0haQ9VEAQYAYABEGK1vvD_BwE								
7. Ralph Lauren Fragrances Polo Blue Eau de Toilette Spray								
1.00 EA	69.00	5.95	74.95	1/10 yrs	Avg.	10%	(6.90)	68.05
Orig. Desc. - Polo Ralph Lauren, Cologne								
Purchased From:								
https://www.dillards.com/p/ralph-lauren-fragrances-polo-blue-eau-de-toilette-spray/749323								
8. Racing RC Drone HS230								
1.00 EA	159.99	13.80	173.79	0.67/NA	Above Avg.	0%	(0.00)	173.79
Orig. Desc. - Holy Stone, RC Drone								
Method (Check, Charge, Cash, Gift): Gift								
https://www.holystonetoy.com/holy-stone-hs230-rc-racing-fpv-drone-with-120-fov-720p-hd-camera-live-video-45km-h-high-speed-wind-resistance-quadcopter-with-5-8g-lcd-screen-real-time-transmitter-includes-bonus-battery.html								
9. Cobra - Radar and Laser Detector								
1.00 EA	134.99	11.64	146.63	2/10 yrs	Avg.	20%	(27.00)	119.63
Orig. Desc. - Radar detector								
Purchased From: Best buy								
https://www.bestbuy.com/site/cobra-radar-and-laser-detector/5555100.p?skuId=5555100								
10. Garrett Ace 150 Metal Detector								
1.00 EA	152.95	13.19	166.14	2/10 yrs	Above Avg.	12%	(18.35)	147.79
Orig. Desc. - Metal detector								
Purchased From: Home Depot								
https://www.hayneedle.com/product/garrettace150metaldetector.cfm								
11. Carolina Herrera 212 NYC Eau de Toilette Spray, 3.4 oz.								
2.00 EA	104.00	17.94	225.94	0.5/NA	New	0%	(0.00)	225.94
Orig. Desc. - 212 Carolina Herrera, Women's perfume								
Purchased From: Macy's								
https://www.macys.com/shop/product/carolina-herrera-212-nyc-eau-de-toilette-spray-3.4-oz.?ID=4982617&CategoryID=74751#fn=sp%3D1%26spc%3D19%26ruleId%3D78%26searchPass%3DmatchNone%26slotId%3D3								
12. COCO MADEMOISELLE								
1.00 EA	75.00	6.47	81.47	1/10 yrs	Above Avg.	6%	(4.50)	76.97
Orig. Desc. - Chanel, Women's perfume								
Purchased From: Macy's								
https://www.chanel.com/us/fragrance/p/116390/coco-mademoiselle-eau-de-parfum-spray/?gclid=EAIaIQobChMImsSEmbCs3gIVBGt-Ch2kqwesEAQYASABEGJo0PD_BwE								
13. Tease Eau de Parfum								
2.00 EA	55.00	9.49	119.49	1/10 yrs	Avg.	10%	(11.00)	108.49

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10/29/2018

Page: 3



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CONTINUED - Storage master bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - Victoria secrets, Women's perfume								
Purchased From: Victoria Secrets								
https://www.victoriassecret.com/beauty/fragrance/tease-eau-de-parfum?ProductID=393699&CatalogueType=OLS&colorCode=099&cm_mmc=PLA-_-Google-_-VSD_VSB_Perfume_-372514099OS&cc=US&gclid=EAIaIQobChMImaqrwrCs3gIVDNtkCh0qgACPEAQYAIAABEgLnZ_D_BwE&gclidsrc=aw.ds								
14. Ever Us, Men's diamond wedding ring 14k white gold								
1.00 EA	1,800.00	155.25	1,955.25	4/NA	Avg.	0%	(0.00)	1,955.25
Purchased From: Kay, Method (Check, Charge, Cash, Gift): Gift								
Priced per insured								
15. Hypoallergenic Down Alternative Soft Standard Pillow								
5.00 EA	39.95	17.23	216.98	2/10 yrs	Above Avg.	12%	(23.97)	193.01
Orig. Desc. - Luden, Pillows								
Purchased From: William Sonoma								
https://www.crateandbarrel.com/hypoallergenic-down-alternative-standard-pillow/s448397								
16. London Large Clear Hurricane Candle Holder								
1.00 EA	39.95	3.45	43.40	3/10 yrs	Above Avg.	18%	(7.19)	36.21
Orig. Desc. - London, Glass candle holders set								
Purchased From: William Sonoma								
https://www.crateandbarrel.com/london-large-clear-hurricane-candle-holder/s526339?localedetail=US&a=1552&campaignid=622767084&adgroupid=28469965136&targetid=aud-477838469452:pla-305239165436&pla_sku=526339&pcat=HSW&ag=adult&scid=scplp526339&sc_intid=526339&gclid=EAIaIQobChMIysZht7Cs3gIVDIId-Ch0HuAVREAQYASABEgLS3fD_BwE&gclidsrc=aw.ds								
17. Brushed Antique Bronze 8x10 Frame								
2.00 EA	39.95	6.89	86.79	2/10 yrs	Above Avg.	12%	(9.59)	77.20
Orig. Desc. - Bronze wall frames								
Purchased From: William Sonoma								
https://www.crateandbarrel.com/brushed-antique-bronze-8x10-frame/s682990								
18. Renegade GTX Mid								
1.00 EA	230.00	19.84	249.84	3/3 yrs	Avg.	80% [M]	(184.00)	65.84
Orig. Desc. - Lowa, Men hiking boots								
Purchased From: REI								
https://www.lowaboos.com/mens/hiking/renegade-gtx-mid-stone-dark-brown								
19. Lowa Tiago Lo Hiking Shoes - Women's								
1.00 EA	135.00	11.64	146.64	2/3 yrs	Avg.	66.67%	(90.00)	56.64
Orig. Desc. - Lowa, Women hiking boota								
Purchased From: REI								
https://www.rei.com/rei-garage/product/133299/lowa-tiago-lo-hiking-shoes-womens								
20. Arc'teryx Cerium LT Hooded Down Jacket - Men's								
1.00 EA	379.00	32.69	411.69	4/8 yrs	Avg.	50%	(189.50)	222.19

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10/29/2018

Page: 4



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CONTINUED - Storage master bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
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Orig. Desc. - Arc'teryx, Men's down jacket

Purchased From: REI

https://www.backcountry.com/arc-teryx-cerium-lt-hooded-down-jacket-mens?CMP_SKU=ARC00P6&MER=0406&skid=ARC00P6-NEP-XXL&mr:trackingCode=7B15937E-B99C-E811-8105-005056944E17&mr:referralID=NA&mr:device=c&mr:adType=plaonline&CMP_ID=PLA_GOc001&utm_source=Google&utm_medium=PLA&k_clickid=_k_EAIAIqobChMIycqFtsmn3gIVD6vsCh3WbwBLEAQYFSABEGIDI_D_BwE_k_&rmatt=tsi d:1042790|cid:756541117|agid:40718162355|tid:pla-382327404646|crd:178656634052|nw:g|rnd:16655992792261916532|dvc:c|adp:1o21|mt:|loc:90 30106&gclid=EAIAIqobChMIycqFtsmn3gIVD6vsCh3WbwBLEAQYFSABEGIDI_D_BwE

21. CERIUM LT HOODY WOMEN'S

1.00 EA	379.00	32.69	411.69	4/8 yrs	Avg.	50%	(189.50)	222.19
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Orig. Desc. - Arc'teryx, Women's down jacket

Purchased From: REI

https://arcteryx.com/us/en/shop/womens/cerium-lt-hoody?utm_source=us_googlepla&utm_medium=cse&utm_campaign=GooglePLA_US_EN_Mid %20Layer%20and%20Fleece%20%3E%20Down%20Fill%20%3E%20All%20RoundMid%20Layer%20and%20Fleece%20%3E%20Down%20Fill %20%3E%20All%20Round&CMPID=Arc%27teryx_AdWords_Performance_USA_USA_EN_Shopping_General_General_Evergreen_TID-_0_0_1 604272974|||305439654381|c|&gclid=EAIAIqobChMI8LXQ38mn3gIVSIZ-Ch3WNwL6EAQYBSABEGIJ2_D_BwE

Totals: Storage master bedroom		656.78	8,271.57				1,092.46	7,179.11
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Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
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22. VIZIO 50" Class 4K (2160p) Smart LED Home Theater Display (E50x-E1)

2.00 EA	379.99	65.55	825.53	1/10 yrs	Avg.	10%	(76.00)	749.53
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https://www.walmart.com/ip/VIZIO-50-Class-4K-2160p-Smart-LED-Home-Theater-Display-E50x-E1/54802434?wmlspartner=wlp&selectedSellerId=0&adid=2222222227056742755&wmlspartner=wmllabs&w10=&w11=g&w12=c&w13=161406424479&w14=pla-267694348702&w15=903010 6&w16=&w17=&w18=&w19=pla&w10=8175035&w11=online&w12=54802434&w13=&veh=sem&gclid=EAIAIqobChMI8MeQm7-n3gIVi7xkC h28qw_0EAQYAiABEGLiZ_D_BwE

Purchased From:

Orig. Desc. - VIZIO, 50 inch flat screen smart tv

23. Samsung - BD-J5700/ZA - Streaming Wi-Fi Built-In Blu-ray Player - Black

2.00 EA	99.99	17.25	217.23	0.33/NA	New	0%	(0.00)	217.23
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Orig. Desc. - Samsung, Blu ray player

Purchased From: Best Buy

<https://www.bestbuy.com/site/samsung-bd-j5700-za-streaming-wi-fi-built-in-blu-ray-player-black/3205019.p?skuId=3205019>

24. Sauder Harbor View Computer Desk with Hutch - Antiqued White

1.00 EA	372.50	32.13	404.63	0.33/NA	New	0%	(0.00)	404.63
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Orig. Desc. - Sauder, Office desk with hutch

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10/29/2018

Page: 5



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Purchased From: Office Depot								
https://www.hayneedle.com/product/harborviewcomputerdesk.cfm								
25. Realspace MFTC 200 Multifunction Ergonomic Super Task Chair, Black								
2.00 EA	189.99	32.77	412.75	0.25/NA	New	0%	(0.00)	412.75
Orig. Desc. - Realspace, Desk chair ergonomic								
Purchased From: Office Depot								
https://www.officedepot.com/a/products/493876/Realspace-MFTC-200-Multifunction-Ergonomic-Super/?cm_mmc=PLA-_-Google-_-Chairs_Seating-_-493876&gclid=EAIaIQobChMI4sfbtMan3gIVgWh-Ch1_Nw9wEAQYBCABEgK4X_D_BwE&gclsrc=aw.ds								
26. HP 22-c0016 All-in-One Desktop PC, Intel Pentium Silver J5005, 4GB DDR4, 1 TB 7200RPM SATA, Win 10 Home								
1.00 EA	369.99	31.91	401.90	1.25/4.5 yrs	Above Avg.	16.67%	(61.67)	340.23
Orig. Desc. - Hewlett-Packard (HP), Desktop computer intel								
Purchased From: Office depot								
https://www.staples.com/hp-22-c0016-all-in-one-desktop-pc/product_24330671?cid=PS:GooglePLAs:24330671&ci_src=17588969&ci_sku=24330671&KPID=24330671&gclid=EAIaIQobChMIoPXEqMWn3gIVB9lkCh3jAgE2EAYYCCABEgIsBPD_BwE&akamai-feo=off								
27. Della 1.6 Cubic ft Compact Mini Refrigerator & Freezer, Stainless Steel								
1.00 EA	124.97	10.78	135.75	2/10 yrs	Above Avg.	12%	(15.00)	120.75
Orig. Desc. - Della, Mini fridge with freezer								
Purchased From: Sears								
https://www.overstock.com/Home-Garden/Della-1.6-Cubic-ft-Compact-Mini-Refrigerator-Freezer-Stainless-Steel/16085168/product.html								
28. HP - OfficeJet Pro 8210 Wireless Inkjet Instant Ink Ready Printer - Black								
1.00 EA	99.99	8.62	108.61	0.25/NA	New	0%	(0.00)	108.61
Orig. Desc. - Hewlett-Packard (HP), Wireless printer office jet								
Purchased From: Office Depot								
https://www.bestbuy.com/site/hp-officejet-pro-8210-wireless-inkjet-instant-ink-ready-printer-black/5536500.p?skuId=5536500								
29. Beats by Dr. Dre - Beats Solo3 Wireless Headphones - Black								
2.00 EA	299.99	51.75	651.73	1/10 yrs	Above Avg.	6%	(36.00)	615.73
Orig. Desc. - Dre Beats, Dre Beats wireless headphones								
Purchased From: Best Buy								
https://www.bestbuy.com/site/beats-by-dr-dre-beats-solo3-wireless-headphones-black/5577858.p?skuId=5577858								
30. RETURN TO TIFFANY Round Sunglasses								
1.00 EA	310.00	26.74	336.74	0.83/NA	Above Avg.	0%	(0.00)	336.74
Orig. Desc. - Tiffany's, Women's Tiffany sunglasses								
Purchased From: Tiffanys								
https://www.tiffany.com/accessories/eyewear/return-to-tiffany-round-sunglasses-37958212?fromGrid=1&origin=browse&trackpdp=bg&trackgridpos=1&fromcid=476276								
31. Fossil, Women's fossil smart watch								
1.00 EA	255.00	21.99	276.99	0.83/NA	Above Avg.	0%	(0.00)	276.99

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10/29/2018

Page: 6



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Method (Check, Charge, Cash, Gift): Gift								
Priced per insured								
32. Guess, Women's Guess watch stainless steel								
1.00 EA	93.00	8.02	101.02	0.83/NA	Above Avg.	0%	(0.00)	101.02
Method (Check, Charge, Cash, Gift): Gift								
Priced per insured								
33. Ray-Ban AVIATOR Sunglasses, RB3025								
1.00 EA	153.00	13.20	166.20	2/8 yrs	Above Avg.	15%	(22.95)	143.25
Orig. Desc. - Ray Ban, Women's Ray Ban Aviator								
Purchased From: Sunglass hut, Method (Check, Charge, Cash, Gift): Gift								
https://www.macys.com/shop/product/ray-ban-aviator-sunglasses-rb3025?ID=617023&pla_country=US&CAGSPN=pla&CAWELAID=12015634000399821&CAAGID=14921451621&CATCI=pla-346648415646&catargetid=120156340016270100&cadevice=c&cm_mmc=Google_Mens_Accessories_PLA_-Men%27s_Accessories_Women%27s_Sunglasses_-_GS_Ray-ban-_-59744398341_-pg1023931_c_kclickid_053c9c13-06dc-4ea6-9a68-00fd0e267a9a_KID_EMPTY_237664461_14921451621_59744398341_pla-346648415646_805289602057USA_KID_&trackingid=417x1023931&lsft=cm_mmc:Google_Mens_Accessories_PLA_-Men%27s%20Accessories_Women%27s%20Sunglasses%20-%20GS_Ray-ban59744398341_-pg1023931_c_kclickid_053c9c13-06dc-4ea6-9a68-00fd0e267a9a_KID_492_237664461_14921451621_59744398341_pla-346648415646_805289602057USA_c_KID_&trackingid:417x1023931&gclid=EAIaIQobChMIhI8uc2n3gIVmMJkCh2VwAvAEAQYAIAiABEGLnRvD_BwE								
34. Staples 3-Drawer Vertical Utility File Cabinet, Charcoal, Letter, 18" D (52154)								
1.00 EA	96.99	8.37	105.36	1/20 yrs	Avg.	5%	(4.85)	100.51
Orig. Desc. - File cabinet								
Purchased From: Kmart								
https://www.staples.com/staples-3-drawer-vertical-utility-file-cabinet-charcoal-letter-18-d-52154/product_2806768?cid=PS:GooglePLAs:2806768&ci_src=17588969&ci_sku=2806768&KPID=2806768&gclid=EAIaIQobChMIueWux7Ks3gIVluNkCh1kJwzEAQYECABEGLnUvD_BwE&akamai-feo=off								
35. Lauren Ralph Lauren Lightweight Down Alternative Twin Comforter, 100% Cotton Cover								
2.00 EA	240.00	41.40	521.40	0.33/NA	Above Avg.	0%	(0.00)	521.40
Orig. Desc. - Ralph Lauren, Goose down comforter								
Purchased From: Macy's								
https://www.macys.com/shop/product/lauren-ralph-lauren-lightweight-down-alternative-twin-comforter-100-cotton-cover?ID=780228&pla_country=US&CAGSPN=pla&CAWELAID=120156340000202544&CAAGID=61907035162&CATCI=pla-474142825880&cm_mmc=Google_Home_Be dBath_PLA_-Crealytics-Camato-Home-Bed-and-Bath-Designer-GS-Desktop_lauren_ralph_lauren_-_bed_%2526_bath_%3E_comforters-_-302001065734_-pg1050811712_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af1592642777_61907035162_302001065734_pla-474142825880_25695891115USA_KID_&trackingid=438x1050811712&lsft=cm_mmc:Google_Home_Be dBath_PLA_-Crealytics-Camato-Home-Bed-and-Bath-Designer-GS-Desktop_lauren%20ralph%20lauren%20-%20bed%20%26%20bath%20%26%20comforters302001065734_-pg1050811712_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_718_1592642777_61907035162_302001065734_pla-474142825880_25695891115USA_c_KID_&trackingid:438x1050811712&gclid=EAIaIQobChMIzOrh17Os3gIVg_hkCh3c4gqtEAQYASABEGLfivD_BwE								
36. Hogan Oversized Recliner								
1.00 EA	499.99	43.12	543.11	0.33/NA	Above Avg.	0%	(0.00)	543.11
Orig. Desc. - Ashley Furniture, Oversized Recliner								
Purchased From: Ashley Furniture								



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CONTINUED - Storage master bedroom/ bedroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.ashleyfurniture.com/p/hogan-oversized-recliner/5780252.html									
37. Pet maker, Dog bed	2.00 EA	34.49	5.95	74.93	0.5/NA	Above Avg.	0%	(0.00)	74.93
Purchased From: Target									
Validated price and price is in line with current market values.									
38. Pawslife Deluxe Convertible Pet Step/Ramp in Black	1.00 EA	49.99	4.31	54.30	0.5/NA	Above Avg.	0%	(0.00)	54.30
Orig. Desc. - Dog step									
Purchased From: Target									
https://www.bedbathandbeyond.com/store/product/pawslife-trade-deluxe-convertible-pet-step-ramp-in-white/5206793?skuId=43254491&mcid=PS_googlepla&mrkgcl=609&mrkgadid=3253336660&rkq_id=0&mcid=PS_googlepla_nonbrand_pet_local&product_id=43254491&adtype=pla&product_channel=local&adpos=1o8&creative=232742511055&device=c&matchtype=&network=g&gclid=EAIaIQobChMIkZ6egbOs3gIVgXt-Ch0vagDREAQYCCABegIBHPD_BwE									
39. Frisco Fold & Carry Double Door Dog Crate	1.00 EA	49.99	4.31	54.30	0.5/NA	Above Avg.	0%	(0.00)	54.30
Orig. Desc. - Dog kennel									
Purchased From: Target									
https://www.chewy.com/frisco-fold-carry-double-door-dog/dp/116521?utm_source=google-product&utm_medium=cpc&utm_campaign=hg&utm_content=Frisco&utm_term=&gclid=EAIaIQobChMI_o-lg7Os3gIVhtdkCh1McwctEAQYAiABEgKa6_D_BwE									
40. Nike Flex Experience Run 6 Prem Womens Running Shoes	5.00 EA	70.00	30.19	380.19	0.5/NA	Above Avg.	0%	(0.00)	380.19
Orig. Desc. - Nike, Women's shoes									
Purchased From: Nike outlet									
https://www.jcpenney.com/p/nike-flex-experience-run-6-prem-womens-running-shoes/ppr5007822444?pTmplType=regular&country=US&currency=USD&selectedSKUId=12004720026&selectedLotId=1200472&fromBag=true&quantity=1&utm_medium=cse&utm_source=google&utm_campaign=running%20shoes&utm_content=12004720026&cid=cse%7Cgoogle%7C007%20-%20footwear%20and%20handbags%7Crunning%20shoes_12004720026&gclid=EAIaIQobChMIppSZhrOs3gIVEbvsCh1LKARGEAQYAyABEgK_z_D_BwE									
41. MARTE BOOT	2.00 EA	180.00	31.05	391.05	1/3 yrs	Above Avg.	20%	(72.00)	319.05
Orig. Desc. - Ugg, Ugg boots									
Purchased From: Macy's									
https://www.ugg.com/s/UGG-US/women-boots/marte-boot/191142774215.html?source=shoppingsite_PLA:%7bcampaign%7d:&kpid=:::ggil:&gclid=EAIaIQobChMI6-yT7Mun3gIVE9VkCh3qXwoqEAQYCCABegL0SfD_BwE&gclidsrc=aw.ds									
42. Penny Boot SAM EDELMAN	4.00 EA	149.90	51.72	651.32	1/3 yrs	Above Avg.	20%	(119.92)	531.40
Orig. Desc. - Leather boots									
Purchased From: DSW									



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https://shop.nordstrom.com/s/sam-edelman-penny-boot-women/3302621?country=US&currency=USD&mrkgcl=760&mrkgadid=3313959907&utm_content=9383573633&utm_term=pla-316840527584&utm_channel=shopping_ret_p&sp_source=google&sp_campaign=645528200&rk_id=0&adpos=1o29&creative=57187812113&device=c&matchtype=&network=g&gclid=EAIaIQobChMImOKJtcyn3gIVxoF-Ch2gcA0REAQYHSABEGliq_vD_BwE								
43. WILSONS LEATHER INSULATED LEATHER JACKET W/ FULL PLACKET								
1.00 EA	200.00	17.25	217.25	0.67/NA	Above Avg.	0%	(0.00)	217.25
Orig. Desc. - Wilson, Leather jacket								
Purchased From: Wilson's Leather								
https://www.wilsonsleather.com/product/wilsons-leather-insulated-leather-jacket-w--full-placket.do?sortBy=priceAscend&from=fn								
44. Anne Klein Double-Breasted Peacoat								
1.00 EA	225.00	19.41	244.41	0.75/8 yrs	Above Avg.	5.63%	(12.66)	231.75
Orig. Desc. - Anne Klein, Wool Peacoat								
Purchased From: Macy's								
https://www.macys.com/shop/product/anne-klein-double-breasted-peacoat?ID=6417884&pla_country=US&CAGPSPN=pla&CAWELAID=120156340027251540&CAAGID=17584299995&CATCI=pla-298868415118&catargetid=120156340017429425&cadevice=c&gclid=EAIaIQobChMItN2I98un3gIVgYd-Ch0lxAQVEAQYASABEGKRufD_BwE								
45. Beats Pill+ Portable Speaker								
1.00 EA	129.99	11.21	141.20	1/10 yrs	Above Avg.	6%	(7.80)	133.40
Orig. Desc. - Dre Beats, Dre Beats Pill speaker								
Purchased From:								
https://www.walmart.com/ip/Beats-Pill-Portable-Speaker/47188249								
46. Apollo Household Tool Kit in Soft-Sided Tool Bag, Pink (201-Piece)								
1.00 EA	38.21	3.30	41.51	0.08/NA	New	0%	(0.00)	41.51
Orig. Desc. - Women's tool bag								
Purchased From: Sears								
https://www.homedepot.com/p/Apollo-Household-Tool-Kit-in-Soft-Sided-Tool-Bag-Pink-201-Piece-DT0020P/205673545								
47. The Seasons Collection Light Warmth Down King Comforter with Damask Stripe								
2.00 EA	299.99	51.75	651.73	0.67/10 yrs	Above Avg.	4.02%	(24.12)	627.61
Orig. Desc. - The seasons collection, Down comforter king								
Purchased From:								
https://www.bedbathandbeyond.com/store/product/the-seasons-collection-reg-light-warmth-down-comforter-with-damask-stripe/3286858?skuId=43801268&&mrkgcl=609&mrkgadid=3296439483&rk_id=0&mcid=PS_googlepla_nonbrand_bedding_online&product_id=43801268&adtype=pla&product_channel=online&adpos=1o5&creative=224097645815&device=c&matchtype=&network=g&gclid=EAIaIQobChMImfiJ_sun3gIVi-NkCh2FZQSLEAQYBSABEGKIG_D_BwE&gclidsrc=aw.ds								
48. Jaden 8-Piece King Comforter Set in Grey/Tan								
3.00 EA	99.99	25.87	325.84	0.58/NA	Above Avg.	0%	(0.00)	325.84
Orig. Desc. - King comforter set								
Purchased From: Bed bath beyond								

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https://www.bedbathandbeyond.com/store/product/jaden-comforter-set-in-grey-tan/3315845?keyword=comforter-set								
49. Luxury Portuguese Flannel King Sheet Set in Smoke Plaid								
3.00 EA	119.99	31.05	391.02	1/5 yrs	Avg.	20%	(71.99)	319.03
Orig. Desc. - King flannel sheet set								
Purchased From: Bed bath beyond								
https://www.bedbathandbeyond.com/store/product/luxury-portuguese-flannel-sheet-set/3295798?skuId=46851505&mrkgcl=609&mrkgadid=3296449062&rkq_id=0&mcid=PS_googlepla_nonbrand_bedding_online&product_id=46851505&adtype=pla&product_channel=online&adpos=1o3&creative=224097645815&device=c&matchtype=&network=g&gclid=EAIaIQobChMI-tC2jLas3gIVDcJkCh09YwwyEAQYAYABEgJYsvD_BwE&gclsrc=aw.ds								
50. Eddie Bauer Edgewood Plaid Flannel Queen Sheet Set in Green								
6.00 EA	59.99	31.04	390.98	0.5/NA	Above Avg.	0%	(0.00)	390.98
Orig. Desc. - Queen flannel sheet sets								
Purchased From: Bed bath beyond								
https://www.bedbathandbeyond.com/store/product/eddie-bauer-reg-edgewood-plaid-flannel-sheet-set/3328098?skuId=61391574&mrkgcl=609&mrkgadid=3296449063&rkq_id=0&mcid=PS_googlepla_nonbrand_bedding_online&product_id=61391574&adtype=pla&product_channel=online&adpos=1o26&creative=224097645815&device=c&matchtype=&network=g&gclid=EAIaIQobChMI2YLP1Lms3gIVl6DsCh2DDQLqEAQYGiABEgIO_PD_BwE&gclsrc=aw.ds								
51. Wamsutta 400-Thread-Count Sateen King Sheet Set								
4.00 EA	59.99	20.70	260.66	0.17/NA	New	0%	(0.00)	260.66
Orig. Desc. - Sateen sheet sets king								
Purchased From: Bed bath beyond								
https://www.bedbathandbeyond.com/store/product/wamsutta-reg-400-thread-count-sateen-sheet-set/3222861?skuId=41140826&mrkgcl=609&mrkgadid=3284806820&rkq_id=0&mcid=PS_googlepla_nonbrand_bedding_online&product_id=41140826&adtype=pla&product_channel=online&adpos=1o11&creative=224097645815&device=c&matchtype=&network=g&gclid=EAIaIQobChMI1YfRk7as3gIVl8pkCh3ikQqXEAQYCYABEgKYCvD_BwE&gclsrc=aw.ds								
52. Heartland HomeGrown 400-Thread-Count Solid Sateen Queen Sheet Set								
6.00 EA	59.99	31.04	390.98	0.17/NA	New	0%	(0.00)	390.98
Orig. Desc. - Sateen sheet sets queen								
Purchased From: Bed bath beyond								
https://www.bedbathandbeyond.com/store/product/heartland-reg-homegrown-trade-400-thread-count-solid-sateen-sheet-set/3332554?keyword=sateen-sheet-set								
53. Casual Comfort Premium Ultra Soft Duvet Cover Set								
2.00 EA	60.00	10.35	130.35	0.5/NA	Above Avg.	0%	(0.00)	130.35
Orig. Desc. - Duvet cover set king								
Purchased From: Bed bath beyond								



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.jcpenney.com/p/casual-comfort-premium-ultra-soft-duvet-cover-set/ppr5007326957?pTmplType=regular&country=US&currency=USD&selectedSKUId=72233420208&selectedLotId=7223342&fromBag=true&quantity=1&utm_medium=cse&utm_source=google&utm_campaign=duvet%20cover%20sets&utm_content=72233420208&cid=cse%7Cgoogle%7C004%20-%20home%20furn%20leisure%7Cduvet%20cover%20sets_72233420208&gclid=EALaIqobChMI_J6CyLus3gIVC9tkCh0MrwGFEAQYAABEgLBfD_BwE								
54. Tribeca Living Valencia Solid Queen Duvet Cover Set	2.00 EA	39.99	6.90	86.88	0.42/NA	New	0%	(0.00) 86.88
Orig. Desc. - Duvet cover set queen								
Purchased From: Bed bath beyond								
https://www.bedbathandbeyond.com/store/product/tribeca-living-valencia-solid-duvet-cover-set/3322699?keyword=duvet-cover-set								
55. True religion, Women's clothes	5.00 EA	0.00	0.00	0.00	1/NA	Above Avg.	0%	(0.00) 0.00
Purchased From:								
We need more information to price items accurately: what article of clothing								
56. Maison Jules High-Low Fit & Flare Dress	22.00 EA	59.50	112.90	1,421.90	1/8 yrs	Above Avg.	7.5%	(98.18) 1,323.72
Orig. Desc. - Women's clothes								
Purchased From:								
https://www.macys.com/shop/product/maison-jules-high-low-fit-flare-dress-created-for-macys?ID=6185757&CategoryID=5449#fn=AGE_CATEGORY%3DAdult%26SIZE%3D%26sp%3D1%26spc%3D8542%26kws%3Ddress%26searchPass%3DexactMultiMatch%26slotId%3D3								
57. Thalia Sodi Darlla Strappy Evening Sandals	6.00 EA	79.50	41.14	518.14	1/3 yrs	Avg.	33.33%	(159.00) 359.14
Orig. Desc. - Women's shoes								
Purchased From:								
https://www.macys.com/shop/product/thalia-sodi-darlla-strappy-evening-sandals-created-for-macys?ID=6324627&CategoryID=17570&swatchColor=Black%20Metallic&swatchColor=Black%20Metallic#fn=GENDER%3DWomen%26SIZE%3D%26sp%3D1%26spc%3D8642%26kws%3Dshoes%26searchPass%3DexactMultiMatch%26slotId%3D60								
58. Zelen 6-Piece Queen Bedroom	1.00 EA	1,121.98	96.77	1,218.75	0.67/NA	Above Avg.	0%	(0.00) 1,218.75
Orig. Desc. - Ashley Furniture, Queen bedroom set								
Purchased From:								
https://www.ashleyfurniture.com/p/zelen-6-piece-bedroom/APG-B248-QR6-Master.html?dwvar_APG-B248-QR6-Master_color=Warm%20Gray&gid=sets-bedroom-sets								
59. Sony - BDP-S3700 - Streaming Wi-Fi Built-In Blu-ray Player - Black	3.00 EA	79.99	20.70	260.67	2/10 yrs	Above Avg.	12%	(28.80) 231.87
Orig. Desc. - Sony, Blu ray								
Purchased From: Kmart								
https://www.bestbuy.com/site/sony-bdp-s3700-streaming-wi-fi-built-in-blu-ray-player-black/4743301.p?skuId=4743301								



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CONTINUED - Storage master bedroom/ bedroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
60. Zales, Diamond/Emerald Ring									
	1.00 EA	1,200.00	103.50	1,303.50	1/NA	Avg.	0%	(0.00)	1,303.50
Purchased From: Crescent Jewelry									
Priced per insured									
61. "Sea of Color" Limited Edition Giclee on Canvas (29.5" x 41.5") by Wyland, Numbered and Hand Signed by Wyland, with Certificate of Authenticity									
	3.00 EA	300.00	77.63	977.63	10/10 yrs	Above Avg.	60%	(540.00)	437.63
Orig. Desc. - Wyland's Pictures, Original Prints Wyland Pictures									
Purchased From: JC Penny's									
https://www.qart.com/p/-Wyland/Sea-of-Color/200488/940532/ED200488?gclid=EAIaIQobChMIp9zPwNCn3gIVCcJkCh3s6AQ3EAQYFiABEgJD DPD_BwE									
62. NEW ERA NBA RED SNAPBACK CAP - MEN'S									
	6.00 EA	30.00	15.53	195.53	2/8 yrs	Avg.	25%	(45.00)	150.53
Orig. Desc. - Champs, Ball Caps									
Purchased From: Champs									
https://www.champssports.com/product/model:303676/sku:70442138/new-era-nba-red-snapback-cap-mens/los-angeles-lakers/									
63. Calvin Klein Men's Textured Leather Slimfold Wallet									
	2.00 EA	45.00	7.76	97.76	3/4 yrs	Avg.	75%	(67.50)	30.26
Orig. Desc. - Calvin Klein, Leather CK wallets									
Purchased From: Macy's									
https://www.macys.com/shop/product/calvin-klein-mens-textured-leather-slimfold-wallet?ID=4860962&pla_country=US&CAGPSN=pla&CAWE LAID=120156340018041202&CAAGID=67107534224&CATCI=pla-478980247875&cm_mmc=Google_Mens_PLA_-Crealytics-Camato-Menswear-Designer-GS-Desktop_calvin_klein_-302022081557_-pg1050925089_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_EMPTY_1592639510_67107534224_302022081557_pla-478980247875_888698858543USA_KID_trackingid=403x1050925089&lsft=cm_mmc:Google_Mens_PLA_-Crealytics-Camato-Menswear-Designer-GS-Desktop_calvin%20klein302022081557_-pg1050925089_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_413_1592639510_67107534224_302022081557_pla-478980247875_888698858543USA_c_KID_trackingid:403x1050925089&gclid=EAIaIQobChMI8oGPh72s3gIVjchKCh1-rAZeEAQYAyABEgLCQ_D_BwE									
64. WOMEN'S TRAIN N LOGO FULL ZIP SWEATER									
	4.00 EA	80.00	27.60	347.60	3/8 yrs	Avg.	37.5%	(120.00)	227.60
Orig. Desc. - North Face, North Face Sweaters									
Purchased From: REI									
https://www.thenorthface.com/shop/womens-train-n-logo-full-zip-sweater-nf0a3ll6?variationId=GAU#hero=0									
65. MEN'S GLACIER ALPINE JACKET									
	2.00 EA	70.00	12.08	152.08	3/8 yrs	Avg.	37.5%	(52.50)	99.58
Orig. Desc. - North Face, North Face Jackets									
Purchased From: REI									
https://www.thenorthface.com/shop/mens-glacier-alpine-jacket-nf0a3mfv?from=subCat&variationId=JK3&utm_medium=cpc&utm_source=Google&utm_campaign=Shopping&utm_term=NF0A3MFVJK3M1#hero=0									



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CONTINUED - Storage master bedroom/ bedroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
66. Charter Club European White Down Lightweight Full/Queen Comforter									
	2.00 EA	300.00	51.75	651.75	4/10 yrs	Avg.	40%	(240.00)	411.75
Orig. Desc. - Macy's, Queen Goose Down Comforter									
Purchased From: Macy's									
https://www.macys.com/shop/product/charter-club-european-white-down-lightweight-full-queen-comforter-created-for-macys?ID=3145282&CategoryID=28898#fn=sp%3D1%26spc%3D22%26kws%3Dqueen%20down%20comforter%26searchPass%3DexactMultiMatch%26slotId%3D3									
67. Pem America Truly Soft Watercolor Paisley King Duvet Set									
	3.00 EA	75.00	19.41	244.41	4/10 yrs	Avg.	40%	(90.00)	154.41
Orig. Desc. - Macy's, Duvet Covers									
Purchased From: Macy's									
https://www.macys.com/shop/product/truly-soft-watercolor-paisley-king-duvet-set?ID=6741007&tdp=cm_app~zMCOM-NAVAPP~xcm_zone~zPD_P_ZONE_A~xcm_choiceId~zcidM05MDU-93775148-27f0-4343-8b6e-c650bb324959%40H7%40customers%2Balso%2Bshopped%2422672%246741007~xcm_pos~zPos1~xcm_srcCatID~z22672									
68. Macy's, Plush Blankets									
	3.00 EA	40.00	10.35	130.35	2/10 yrs	Avg.	20%	(24.00)	106.35
Purchased From: Macy's									
Validated price and price is in line with current market values									
Macy's, Duvet Covers									
69. Calvin Klein Modern Cotton Julian Pink Pair of Standard Shams, pair									
	4.00 EA	40.00	13.80	173.80	3/5 yrs	Avg.	60%	(96.00)	77.80
Orig. Desc. - Macy's, Sham Pillowcases									
Purchased From: Macy's									
https://www.macys.com/shop/product/calvin-klein-modern-cotton-julian-pink-pair-of-standard-shams?ID=5531753&CategoryID=7502#fn=sp%3D1%26spc%3D954%26kws%3Dpillow%20sham%26searchPass%3DmatchAll%26slotId%3D52									
70. JLA Home Madison Park Forever Percale 2-PC King Pillowcases									
	4.00 EA	32.00	11.04	139.04	3/5 yrs	Avg.	60%	(76.80)	62.24
Orig. Desc. - Macy's, Pillowcases									
Purchased From: Macy's									
https://www.macys.com/shop/product/madison-park-forever-percale-2-pc-king-pillowcases?ID=6731518&CategoryID=9915#fn=sp%3D1%26spc%3D246%26kws%3Dpillow%20case%26searchPass%3DmatchAll%26slotId%3D7									
71. Kaiser, CPAPS Machine									
	1.00 EA	0.00	0.00	0.00	6/NA	Avg.	0%	(0.00)	0.00
Purchased From: Kaiser Perm									
Please provide the original purchase invoice <u>and</u> replacement quote from a physician for an item of like kind and quality.									
72. Calvin Armoire									
	1.00 EA	4,999.00	431.16	5,430.16	6/20 yrs	Avg.	30%	(1,499.70)	3,930.46
Orig. Desc. - Ethan Allen, Clothes Amour									

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10/29/2018

Page: 13



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Purchased From: Ethan Allen								
https://www.ethanallen.com/en_US/shop-furniture-bedroom-dressers-chests/calvin-armoire/295315.html?dwvar_295315_finish=367#q=armour&sru=PriceLowHigh&start=1&sz=24&pmin=1								
73. Calvin Klein Men's Underwear Cotton Classics 6 Pack Knit Boxers, White/Black/Grey/Blue Assorted, X-Large								
2.00 EA	59.50	10.26	129.26	2/3 yrs	Avg.	66.67%	(79.33)	49.93
Orig. Desc. - Calvin Klein, Calvin Klein Boxers 6 pair								
Purchased From: Calvin Klein								
https://www.amazon.com/gp/offer-listing/B0772HLRB5/ref=olp_twister_child?ie=UTF8&mv_color_name=1&mv_size_name=3								
74. Beautyrest, Queen Bedroom set								
1.00 EA	0.00	0.00	0.00	1/NA	Avg.	0%	(0.00)	0.00
We need more information to price items accurately: mattress or furniture?								
Method (Check, Charge, Cash, Gift): Gift								
75. Traxxas Ruslter XL5 Waterproof 2.4GHz 1:10 4WD RTR Electric RC Truck								
1.00 EA	179.95	15.52	195.47	1/5 yrs	Avg.	20%	(35.99)	159.48
Orig. Desc. - Radio control car								
Purchased From: Hobbie lobby								
https://www.hobbytron.com/TraxxasRuslterXL5Waterproof24GHz1104WDRTRElectricRCTruck.html?gclid=EAIaIQobChMI1szDptan3gIVhMhkCh2sXgKhEAQYFSABEGKkePD_BwE#								
76. Queen TEMPUR-Contour Supreme Mattress								
1.00 EA	2,599.00	224.16	2,823.16	2/10 yrs	Above Avg.	12%	(311.88)	2,511.28
https://www.us-mattress.com/tempurpedic-contour-supreme-king.html								
Method (Check, Charge, Cash, Gift): Gift								
Orig. Desc. - Tempur-pedic, Tempur-contour mattress								
77. Tempur-Pedic Ergo Queen Adjustable Base								
1.00 EA	1,299.00	112.04	1,411.04	2/20 yrs	Above Avg.	6%	(77.94)	1,333.10
Orig. Desc. - Tempur-pedic, Tempur- ergo adjustable base								
Method (Check, Charge, Cash, Gift):								
https://www.ashleyfurniture.com/p/tempur-pedic-ergo-queen-adjustable-base/25558150A.html?mrkgcl=1069&product_id=25558150A&google_pla=true&mrkgcl=1069&mrkgadid=3265670740&product_id=25558150A&adpos=1o2&creative=243920246582&device=c&matchtype=&network=g&gclid=EAIaIQobChMIh6n_k9in3glVD6rsCh0qQwxUEAYYAIAABEGJBLvD_BwE&gclsrc=aw.ds								
78. Tempur-Pedic TEMPUR-Cloud Breeze Dual Cooling Queen Pillow								
1.00 EA	169.99	14.66	184.65	2/10 yrs	Avg.	20%	(34.00)	150.65
Orig. Desc. - Tempur-cloud, Tempur- dual cooling pillows								
Method (Check, Charge, Cash, Gift):								



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.bedbathandbeyond.com/store/product/tempur-pedic-reg-tempur-cloud-trade-breeze-dual-cooling-pillow/3257508?skuId=43009237&mcid=PS_googlepla_nonbrand_bedding_online&product_id=43009237&adtype=pla&product_channel=online&adpos=1o1&creative=224097645815&device=c&matchtype=&network=g&mrkgadid=587720912&mrkgcl=609&rkg_id=0&gclid=EAIaIQobChMI5cK8sdin3gIVDtCh1mkQfAEAQYASABEgKdZfD_BwE&gclsrc=aw.ds								
79. Real Simple HomeGrown Solid King Down Comforter								
2.00 EA	169.99	29.32	369.30	2/10 yrs	Avg.	20%	(68.00)	301.30
Orig. Desc. - Down comforters/ converters								
Method (Check, Charge, Cash, Gift):								
https://www.bedbathandbeyond.com/store/product/real-simple-reg-homegrown-trade-solid-down-comforter/3279401?skuId=45445057&mrkgcl=609&mrkgadid=3296439483&rkg_id=0&mcid=PS_googlepla_nonbrand_bedding_online&product_id=45445057&adtype=pla&product_channel=online&adpos=1o21&creative=224097645815&device=c&matchtype=&network=g&gclid=EAIaIQobChMI64aa9Nin3gIVhqsChIogzPEAQYFSABEGLnI_D_BwE&gclsrc=aw.ds								
80. AQ Textiles Egyptian Blend 800 Thread Count 4-Pc. Queen Sheet Set								
4.00 EA	180.00	62.10	782.10	1/5 yrs	Avg.	20%	(144.00)	638.10
Orig. Desc. - Egyptian cotton sheets set								
Method (Check, Charge, Cash, Gift):								
https://www.macys.com/shop/product/closeout-aq-textiles-egyptian-blend-800-thread-count-4-pc.-queen-sheet-set?ID=4832774								
81. GREASE SUNGLASSES Z1045W								
1.00 EA	720.00	62.10	782.10	1/8 yrs	Above Avg.	7.5%	(54.00)	728.10
Orig. Desc. - Louis Vuitton, LV grease sunglasses								
Method (Check, Charge, Cash, Gift):								
https://us.louisvuitton.com/eng-us/products/grease-sunglasses-nvprod1160087v								
82. BOOGIE NIGHTS SUNGLASSES Z1058W								
1.00 EA	665.00	57.36	722.36	1/8 yrs	Above Avg.	7.5%	(49.88)	672.48
Orig. Desc. - Louis Vuitton, LV Boogie Nights Sunglasses								
Method (Check, Charge, Cash, Gift):								
https://us.louisvuitton.com/eng-us/products/boogie-nights-sunglasses-nvprod1120171v								
83. Royal Velvet 325tc Set of 2 Egyptian Cotton Wrinkle-Free Pillowcases								
2.00 EA	50.00	8.63	108.63	2/5 yrs	Avg.	40%	(40.00)	68.63
Orig. Desc. - Egyptian cotton pillowcases								
Method (Check, Charge, Cash, Gift):								
https://www.jcpenny.com/p/royal-velvet-325tc-set-of-2-egyptian-cotton-wrinkle-free-pillowcases/pp5003290508?pTmplType=regular&catId=cat100250068&deptId=dept20000012&urlState=/g/egyptian-cotton-sheets/N-bwo3wD1nopp4Z1z13ok5&productGridView=medium&badge=fewleft								
84. Tempur-Pedic TEMPUR-Topper Supreme 3-Inch Queen Mattress Topper in White								
1.00 EA	399.99	34.50	434.49	2/10 yrs	Avg.	20%	(80.00)	354.49
Orig. Desc. - Tempur-pedic, Replacement covertop								
Method (Check, Charge, Cash, Gift):								



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QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
https://www.bedbathandbeyond.com/store/product/tempur-pedic-reg-tempur-topper-supreme-3-inch-mattress-topper-in-white/207855?skuId=41103876&&mrkgcl=609&mrkgadid=3296441969&rkg_id=0&mcid=PS_googlepla_nonbrand_bedding_online&product_id=41103876&adtype=pla&product_channel=online&adpos=1o5&creative=224097645815&device=c&matchtype=&network=g&gclid=EAIaIQobChMI99TSusap3gIVDtRkCh3XjAIEEAQYBSABEgLD3_D_BwE&gclsrc=aw.ds									
85. STOCKHOLM	1.00 EA	299.00	25.79	324.79	2/10 yrs	Above Avg.	12%	(35.88)	288.91
Orig. Desc. - Stockholm, Rug									
Purchased From: IKEA									
https://www.ikea.com/us/en/catalog/products/80104862/#/90103254									
86. LISANN Throw, brown	1.00 EA	59.99	5.17	65.16	2/10 yrs	Avg.	20%	(12.00)	53.16
Orig. Desc. - Stimlonn, Throw rug									
Purchased From: IKEA									
https://www.ikea.com/us/en/catalog/products/30401906/									
87. NORDLI 9-drawer chest	1.00 EA	319.00	27.51	346.51	3/20 yrs	Above Avg.	9%	(28.71)	317.80
Orig. Desc. - Nordli, 9 drawer chest									
Purchased From: IKEA									
https://www.ikea.com/us/en/catalog/products/S19211738/									
88. ALLANIT Table lamp with LED bulb, white, glass	2.00 EA	74.99	12.94	162.92	3/10 yrs	Avg.	30%	(44.99)	117.93
Orig. Desc. - Egelsta, Table lamps									
Purchased From: IKEA									
https://www.ikea.com/us/en/catalog/products/10427059/									
89. MONGSTAD Mirror, black-brown	1.00 EA	149.00	12.85	161.85	2/10 yrs	Avg.	20%	(29.80)	132.05
Orig. Desc. - Mongstad, Mirror									
Purchased From: IKEA									
https://www.ikea.com/us/en/catalog/products/00081591/									
90. Gucci Bestiary GG Supreme Medium Top-Handle Tote Bag	1.00 EA	1,390.00	119.89	1,509.89	2/4 yrs	Above Avg.	30%	(417.00)	1,092.89
Orig. Desc. - Gucci, Large tote									
Purchased From: Nordstrom									
https://www.neimanmarcus.com/p/gucci-bestiary-gg-supreme-medium-top-handle-tote-bag-prod204580038?ecid=NMCS_GooglePLA&utm_source=google_shopping&adpos=1o3&scid=scplpsku174500065&sc_intid=sku174500065&gclid=EAIaIQobChMIqGoi86p3gIVFsRkCh15awZ-EAQYAyABEgI6NvD_BwE									
91. ZIPPY WALLET N63503	1.00 EA	805.00	69.43	874.43	3/4 yrs	Above Avg.	45%	(362.25)	512.18

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10/29/2018

Page: 16



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - Louis Vuitton, Zippy wallet Purchased From: Nordstrom https://us.louisvuitton.com/eng-us/products/zippy-wallet-damier-azur-014020								
92. GG Supreme bees tote								
1.00 EA	1,100.00	94.88	1,194.88	2/4 yrs	Above Avg.	30%	(330.00)	864.88
Orig. Desc. - Gucci, Medium purse Purchased From: Nordstrom https://www.gucci.com/us/en/pr/women/womens-handbags/womens-totes/gg-supreme-bees-tote-p-4738879IKIG8319?position=30&listName=ProductGrid&categoryPath=Women/Womens-Handbags								
93. Plush Blankets								
2.00 EA	40.00	6.90	86.90	1/10 yrs	Avg.	10%	(8.00)	78.90
Method (Check, Charge, Cash, Gift): Validated price and price is in line with current market values								
94. Calvin Klein Men's Harrington Jacket								
1.00 EA	98.00	8.45	106.45	3/8 yrs	Avg.	37.5%	(36.75)	69.70
https://www.macys.com/shop/product/calvin-klein-mens-harrington-jacket?ID=6772950&tdp=cm_app~zMCOM-NAVAPP~xcm_zone~zPDP_ZONE_A~xcm_choiceId~zcidM05MDU-6f316af3-a7ac-4b61-b11c-23bb958755e3%40H7%40customers%2Balso%2Bshopped%243763%246772950~xcm_pos~zPos1~xcm_srcCatID~z3763								
Method (Check, Charge, Cash, Gift): Orig. Desc. - Calvin Klein, Jacket								
95. VIZIO - 40" Class - LED - D-Series - 1080p - Smart - HDTV								
1.00 EA	229.99	19.84	249.83	3/10 yrs	Avg.	30%	(69.00)	180.83
Orig. Desc. - VIZIO, 40" smart hdtv Purchased From: Best buy https://www.bestbuy.com/site/vizio-40-class-led-d-series-1080p-smart-hdtv/6288347.p?skuId=6288347&ref=212&loc=1&extStoreId=251&ds_rl=1260573&ds_rl=1266837&ref=212&loc=1&ds_rl=1266837&gclid=EAIaIqobChMIqqmEysin3glVkf5kCh1DIA0IEAQYASABEGKXufD_BwE&gclsrc=aw.ds								
96. Hooker Furniture Arabella Wardrobe								
1.00 EA	2,929.00	252.63	3,181.63	4/20 yrs	Avg.	20%	(585.80)	2,595.83
Orig. Desc. - Hooker furniture, Armoire Purchased From: Wayfair https://www.hayneedle.com/product/hookerfurniturearabellawardrobe.cfm								
97. KULLEN 5-drawer chest, black-brown								
3.00 EA	79.00	20.44	257.44	2/20 yrs	Above Avg.	6%	(14.22)	243.22
Orig. Desc. - Kullen, 5 drawer chest Purchased From: Ikea https://www.ikea.com/us/en/catalog/products/00360455/								



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CONTINUED - Storage master bedroom/ bedroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
98. KULLEN 2-drawer chest, black-brown									
	2.00 EA	39.99	6.90	86.88	2/20 yrs	Avg.	10%	(8.00)	78.88
Orig. Desc. - Kullen, 2 drawer chest									
Purchased From: IKEA									
https://www.ikea.com/us/en/catalog/products/60322130/									
99. ELVARLI Shelf unit, white									
	2.00 EA	180.00	31.05	391.05	2/20 yrs	Above Avg.	6%	(21.60)	369.45
Orig. Desc. - Elvarli, Shoe rack									
Purchased From: IKEA									
Shelf unit, white									
100. Hemnes, Hat rack									
	1.00 EA	49.00	4.23	53.23	2/10 yrs	Above Avg.	12%	(5.88)	47.35
Purchased From: IKEA									
Validated price and price is in line with current market values.									
101. Pull-out Tie Rack by Richelieu									
	1.00 EA	59.99	5.17	65.16	3/10 yrs	Avg.	30%	(18.00)	47.16
Orig. Desc. - Richelieu, Tie rack									
Purchased From: Wayfair									
https://www.wayfair.com/storage-organization/pdp/richelieu-pull-out-tie-rack-rhc2858.html?piid=									
102. Large 2 Door Paint Decorated Country French Armoire Wardrobe									
	1.00 EA	1,595.00	137.57	1,732.57	10/20 yrs	Above Avg.	30%	(478.50)	1,254.07
Orig. Desc. - Antique Armoire carvings									
Method (Check, Charge, Cash, Gift): Gift									
https://www.etsy.com/listing/580032264/28916e-large-2-door-paint-decorated?ga_order=price_desc&ga_search_type=all&ga_view_type=gallery&ga_search_query=carved%20armoire&ref=sc_gallery-1-1&plkey=cc1742172358ad2c88d55b603dced79c471cd1aa:580032264									
103. FARMHOUSE CANOPY BED									
	1.00 EA	1,599.00	137.91	1,736.91	4/20 yrs	Above Avg.	12%	(191.88)	1,545.03
Orig. Desc. - Farmhouse, Canopy bed									
Purchased From: Pottery barn									
https://www.potterybarn.com/products/farmhouse-canopy-bed/?cm_src=rel									
104. KAPLAN LIFT TRUNK									
	1.00 EA	699.00	60.29	759.29	4/20 yrs	Above Avg.	12%	(83.88)	675.41
Orig. Desc. - Kaplan, Lift trunk									
Purchased From: Pottery Barn									
https://www.potterybarn.com/products/kaplan-pop-up-coffee-table/									
105. Guild OM-240CE Charcoal Burst Acoustic-Electric Guitar Charcoal Burst									
	1.00 EA	499.00	43.04	542.04	2/20 yrs	Above Avg.	6%	(29.94)	512.10
Orig. Desc. - Guild, Acoustic guitar									

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10/29/2018

Page: 18



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
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Method (Check, Charge, Cash, Gift): Gift

https://www.guitarcenter.com/Guild/OM-240CE-Charcoal-Burst-Acoustic-Electric-Guitar-Charcoal-Burst-1500000220203.gc?cntry=us&source=4WWRWXGP&gclid=EAIaIQobChMI_OOB8dOp3gIVFNlkCh3_zAQHEAQYAYABEgIAmfD_BwE

106. Lapis Azula ring

1.00 EA	300.00	25.88	325.88	5/NA	Above Avg.	0%	(0.00)	325.88
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Priced per insured

Purchased From: JCPennys

107. Pair jade earrings

1.00 EA	450.00	38.81	488.81	4/NA	Above Avg.	0%	(0.00)	488.81
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Priced per insured

Purchased From: JCPennys

108. Jade/ Diamond ring

1.00 EA	800.00	69.00	869.00	4/NA	Above Avg.	0%	(0.00)	869.00
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Priced per insured

Purchased From: Merksamer jewelers

109. Opal/diamond ring

1.00 EA	900.00	77.63	977.63	4/NA	Above Avg.	0%	(0.00)	977.63
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Priced per insured

Purchased From: Merksamer jewelers

110. Antique solitaire princess cut 3 ctw diamond ring

1.00 EA	6,000.00	517.50	6,517.50	20/NA	Avg.	0%	(0.00)	6,517.50
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Priced per insured

Purchased From: Merksamer

111. 2ctw diamond stud

1.00 EA	1,500.00	129.38	1,629.38	5/NA	Above Avg.	0%	(0.00)	1,629.38
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Priced per insured

Method (Check, Charge, Cash, Gift): Gift

112. Colby Chrome Metal Framed Floor Mirror

1.00 EA	349.00	30.10	379.10	2/10 yrs	Above Avg.	12%	(41.88)	337.22
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Orig. Desc. - Colby, Floor mirror

Purchased From: William Sonoma

https://www.crateandbarrel.com/colby-chrome-metal-framed-floor-mirror/s284024?localedetail=US&a=1552&campaignid=622767084&adgroupid=28469965136&targetid=pla-296041674129&pla_sku=284024&pcat=HSW&ag=adult&scid=scplp284024&sc_intid=284024&gclid=EAIaIQobChMI_vDpmtSp3gIVirxkCh3MVQBOEAQYASABEgLoAPD_BwE&gclidsrc=aw.ds

113. Samsonite Freeform Hardside Spinner Luggage

1.00 EA	319.99	27.60	347.59	3/20 yrs	Avg.	15%	(48.00)	299.59
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Orig. Desc. - Samsonite, Hardside spinner luggage

Purchased From: Macy's

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10/29/2018

Page: 19



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.kohls.com/product/prd-2861775/samsonite-freeform-hardside-spinner-luggage.jsp?skuid=38032099&ci_mcc=ci&utm_campaign=LUGGAGE&utm_medium=CSE&utm_source=google&utm_product=38032099&CID=shopping15&utm_campaignid=196835732&pid=googleadwords_int&af_channel=CSE&gclid=EAIaIQobChMI0NTUsdSp3gIVUWF-Ch0haQ9VEAQYCCABEGIBrFD_BwE&gclsrc=aw.ds								
114.	Stadler Form EVA Ultrasonic Humidifier in White							
1.00 EA	199.99	17.25	217.24	3/10 yrs	Avg.	30%	(60.00)	157.24
Orig. Desc. - Stadler form, Eva ultrasonic humidifier								
Purchased From: Bed bath & beyond								
https://www.bedbathandbeyond.com/store/product/stadler-form-reg-eva-ultrasonic-humidifier/3296225?skuId=46666895&mcid=PS_googlepl_a_nonbrand_cleaning_online&product_id=46666895&adtype=pla&product_channel=online&adpos=1o4&creative=223595886206&device=c&matc_hype=&network=g&mrkgadid=558411569&mrkgcl=609&rk_id=0&gclid=EAIaIQobChMI-LKP_dSp3gIVAtVkCh1d_wU2EAYYBCABEGJsgFD_BwE&gclsrc=aw.ds								
115.	Torin Floor Jack-Aluminum and Steel							
1.00 EA	89.98	7.76	97.74	4/10 yrs	Avg.	40%	(35.99)	61.75
Orig. Desc. - Lowes, Floor jack with stand								
Purchased From: Lowes								
https://www.lowes.com/pd/Torin-Floor-Jack-Aluminum-and-Steel/50273055								
116.	North Face, Ski clothes & accessories							
10.00 EA	0.00	0.00	0.00	3/NA	Avg.	0%	(0.00)	0.00
Purchased From: Dicks sporting goods								
We need more information to price items accurately: please itemize								
117.	Men's Golden State Warriors Stephen Curry Nike Black Swingman Jersey Statement Edition							
3.00 EA	109.99	28.46	358.43	2/8 yrs	Avg.	25%	(82.49)	275.94
Orig. Desc. - Nike, Warriors jerseys								
Purchased From: Dicks sporting goods								
https://store.nba.com/golden-state-warriors/mens-golden-state-warriors-stephen-curry-nike-black-swingman-jersey-statement-edition/t-47251785+p-8085786768400+z-z-2430394995								
118.	NIKE NBA CLUB WORDMARK HOODIE - MEN'S							
2.00 EA	69.99	12.07	152.05	2/8 yrs	Avg.	25%	(35.00)	117.05
Orig. Desc. - Nike, Warriors hoodies								
Purchased From: Dicks sporting goods								
https://www.eastbay.com/product/model:283302/sku:11754495/nike-nba-club-wordmark-hoodie-mens/golden-state-warriors/royal/?SID=7726&inceptor=1&cm_mmc=SEM-_-PLA-_-Google-_-11754495&gclid=EAIaIQobChMI8umZmMSs3gIVFMNkCh3sowvwEAQYBCABEGJPdFD_BwE&gclsrc=aw.ds								
119.	San Francisco 49ers Nike 2018 Custom Game Jersey - Red							
2.00 EA	149.99	25.87	325.85	3/8 yrs	Avg.	37.5%	(112.49)	213.36
Orig. Desc. - Mitchell & NESS, 49er Jersey								
Purchased From: Dicks sporting goods								



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.fanatics.com/nfl/san-francisco-49ers/san-francisco-49ers-nike-2018-custom-game-jersey-red/o-6838+t-92603707+p-4779287456+z-8-1750751609								
120.	Men's San Francisco Giants Majestic Gray Road Cool Base Jersey							
2.00 EA	99.99	17.25	217.23	3/8 yrs	Avg.	37.5%	(74.99)	142.24
Orig. Desc. - Majestic, San Francisco Giants jersey								
Purchased From: Dicks sporting goods								
https://www.mlbshop.com/Mens_Majestic_Gray_San_Francisco_Giants_Official_Cool_Base_Jersey/p-1939181?s=ak1944mlb-connx&sku=6274533&utm_medium=cse								
121.	Jonathan Adler, Shoe storage wood							
1.00 EA	0.00	0.00	0.00	2/NA	Above Avg.	0%	(0.00)	0.00
Purchased From:								
We need more information to price items accurately								
122.	Quest All Terrain Chair							
6.00 EA	24.99	12.93	162.87	2/10 yrs	Avg.	20%	(29.99)	132.88
Orig. Desc. - Quest, Outdoor lounge chair								
Purchased From: Dicks sporting goods								
https://www.dickssportinggoods.com/p/quest-all-terrain-chair-18queuqstlltrmchodr/18queuqstlltrmchodr								
123.	Kennedy Barrel Chair							
1.00 EA	779.99	67.27	847.26	2/10 yrs	Avg.	20%	(156.00)	691.26
Orig. Desc. - Kennedy, Barrel chairs								
Purchased From: Wayfair, Method (Check, Charge, Cash, Gift): Gift								
https://www.jossandmain.com/furniture/pdp/kennedy-barrel-chair-hscl1001.html?piid=24234783								
124.	Kat Von D, Kat von d shade light vault limited edition make up kit							
1.00 EA	0.00	0.00	0.00	2/NA	Above Avg.	0%	(0.00)	0.00
Method (Check, Charge, Cash, Gift): Gift								
We need more information to price items accurately								
125.	SEPHORA COLLECTION Tools Of The Trade Brush Set							
1.00 EA	62.00	5.35	67.35	0.5/NA	New	0%	(0.00)	67.35
Orig. Desc. - Sephora, Make up brushes								
Purchased From: Sephora								
https://www.sephora.com/product/tools-of-the-trade-brush-set-P379559?icid2=products%20grid:p379559:product								
126.	Artis Elite Smoke 5 Makeup Brush Set							
1.00 EA	170.00	14.66	184.66	1/10 yrs	Above Avg.	6%	(10.20)	174.46
Orig. Desc. - Artis, Make up brushes								
Purchased From: Nordstrom								



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.neimanmarcus.com/p/artist-elite-smoke-5-makeup-brush-set-prod212460010?ecid=NMCS__GooglePLA&utm_source=google_shopping&adpos=1o5&scid=scplpsku180200297&sc_intid=sku180200297&gclid=EAIaIQobChMI95e05vep3gIVitkCh3d8wnvEAQYBSABEgLrsvD_BwE								
127. LAURA MERCIER Eye Art Artist's Palette								
1.00 EA	55.00	4.74	59.74	0.5/NA	New	0%	(0.00)	59.74
Orig. Desc. - Laura Mercier, Artistry Palette								
Purchased From: Nordstrom								
https://www.sephora.com/product/artist-palette-for-eyes-P383070?lft%3Dom_mmc%3Appc-GG_1533944608_60212794284_297728708584_1677848_291191670138_9030106_c,country_switch:us,lang:en&gclid=EAIaIQobChMI9-Pyhvip3gIVmMjKCh2VwAvAEAQYAiABEgLYdfD_BwE								
128. Hourglass Cosmetics Ambient Lighting Edit - Volume 4								
1.00 EA	80.00	6.90	86.90	0.33/NA	New	0%	(0.00)	86.90
Orig. Desc. - Hourglass, Face make up								
Purchased From: Nordstrom								
https://www.neimanmarcus.com/p/hourglass-cosmetics-ambient-lighting-edit-volume-4-prod215030075?ecid=NMCS__GooglePLA&utm_source=google_shopping&adpos=1o4&scid=scplpsku182030429&sc_intid=sku182030429&gclid=EAIaIQobChMI0e-Rnfip3gIVh8hkCh0Q7gsdEAQYBCABEgKdIvD_BwE								
129. CHANEL COCO MADEMOISELLE Eau de Parfum Spray, 3.4-oz								
1.00 EA	130.00	11.21	141.21	1/10 yrs	Above Avg.	6%	(7.80)	133.41
Orig. Desc. - Chanel, Perfume spray								
Purchased From: Nordstrom								
https://www.macys.com/shop/product/chanel-coco-mademoiselle-eau-de-parfum-spray-3.4-oz?ID=74714&CategoryID=62575#fn=sp%3D1%26spc%3D124%26ruleId%3D78%7CBOOST%20SAVED%20SET%7CBOOST%20ATTRIBUTE%26searchPass%3DmatchNone%26slotId%3D2								
130. JOY BY DIOR Eau de parfum								
1.00 EA	75.00	6.47	81.47	0.5/NA	Above Avg.	0%	(0.00)	81.47
Orig. Desc. - Dior, Perfume spray								
Purchased From: Nordstrom								
https://www.dior.com/en_us/products/beauty-y0996027_c099600150-joy-by-dior-eau-de-parfum?LGWCODE=C099600150US%3B143913%3B6271&gclid=EAIaIQobChMI9HupcOs3gIVBLvsCh3XzACeEAQYASABEgIESPD_BwE								
131. BOBBI BROWN Skin Foundation Stick								
1.00 EA	46.00	3.97	49.97	0.25/NA	Above Avg.	0%	(0.00)	49.97
Orig. Desc. - Bobbi Brown, Make up								
Purchased From: Nordstrom								
https://www.sephora.com/product/foundation-stick-P270549?skuId=1587443&om_mmc=ppc-GG_1165716884_53825910900_pla-418852531889_1587443_257731948031_9031997_c&country_switch=us&lang=en&gclid=EAIaIQobChMI7aSFfMOs3gIVgX5-Ch1PXQBOEAQYAiABEgLso_D_BwE&gclid=aw.ds								



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CONTINUED - Storage master bedroom/ bedroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
132. Burberry Women's Perfume 2-pc. Gift Set									
	1.00 EA	75.00	6.47	81.47	0.42/NA	New	0%	(0.00)	81.47
Orig. Desc. - Burberry, Burberry gift set perfume/ lotion									
Method (Check, Charge, Cash, Gift): Gift									
https://www.kohls.com/product/prd-3304518/burberry-womens-perfume-2-pc-gift-set.jsp?skuid=76706881&ci_mcc=ci&utm_campaign=&utm_medium=CSE&utm_source=connexity&utm_product=&utm_campaignid=&CID=shopping34utm_product=58700000748252854&utm_campaignid=71700000012072753%3C2%3E&utm_content=15408463000630646609410070302008005&gclid=CLmdvOPDrN4CFYVegQodM9cKMw&gclsrc=ds									
133. Vuarnet District Square Polarized Sunglasses, Red Amber/Blue									
	1.00 EA	285.00	24.58	309.58	3/8 yrs	Avg.	37.5%	(106.88)	202.70
https://www.neimanmarcus.com/p/vuarnet-district-square-polarized-sunglasses-red-amber-blue-prod201140165?ecid=NMCS__GooglePLA&utm_source=google_shopping&adpos=1o5&scid=scplpskul72010597&sc_intid=sku172010597&gclid=EAIAIqObChMIhdmwrmp3gIVkONkCh3z3QHPEAQYBSABEgIrRvD_BwE									
Purchased From:									
Orig. Desc. - Vuarnet, Polar sunglasses									
134. 14k Harrington chain gold									
	1.00 EA	500.00	43.13	543.13	5/NA	Avg.	0%	(0.00)	543.13
Purchased From: Merksamer									
Priced per insured									
135. 22k gold chain									
	1.00 EA	1,200.00	103.50	1,303.50	5/NA	Avg.	0%	(0.00)	1,303.50
Purchased From: Merksamer									
Priced per insured									
136. Burberry Frankby Quilted Jacket									
	1.00 EA	595.00	51.32	646.32	2/8 yrs	Above Avg.	15%	(89.25)	557.07
Orig. Desc. - Burberry, Quilted jacket									
Purchased From: Nordstrom									
https://www.bloomingdales.com/shop/product/burberry-frankby-quilted-jacket?ID=2983849&pla_country=US&cm_mmc=Google-PLA-ADC-_-Designer-NA-_-Burberry-_-5045550962090USA&CAWELAID=120156070007034025&CAGPSN=pla&CAAGID=47685648919&CATCI=pla-382794621811&CATARGETID=120156070006245322&cadevice=c&gclid=EAIAIqObChMI9v724Nmp3gIVjop-Ch1G9AYKEAQYAyABEgLCQvD_BwE									
137. STRAIGHT LEG SANDY WASH JEANS									
	1.00 EA	69.50	5.99	75.49	2/8 yrs	Above Avg.	15%	(10.43)	65.06
Orig. Desc. - Calvin Klein, Straight legged jeans									
Purchased From: Nordstrom, Method (Check, Charge, Cash, Gift): Gift									
https://www.calvinklein.us/en/straight-leg-sandy-wash-jeans-15553810?pla=pla_00637865680438&cvosrc=cse.google.00637865680438&source=CAPLA_DF&cid=ppc_ggl_00637865680438&ogmap=PLA BRAND GOOG STND c MALE PLA%20%7C%20Brand%20%7C%20Mens%20Catc h%20All Catch%20All ken=kid:bb4ad90c-50b8-4de7-bdcc-600c7153c8b1 297546631617 8690812 4800043&gclid=EAIAIqObChMI__Xj_tmp3gIV k8BkCh1zMAwbEAQYAyABEgJGL_D_BwE									

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10/29/2018

Page: 23



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CONTINUED - Storage master bedroom/ bedroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
138. Levi's 711 Skinny Ankle Jean									
	1.00 EA	59.50	5.13	64.63	1/8 yrs	Above Avg.	7.5%	(4.46)	60.17
Orig. Desc. - Levi, Women's jeans									
Purchased From: Nordstrom									
https://www.jcpenney.com/p/levis-711-skinny-ankle-jean/ppr5007239535?pTmplType=regular&country=US&currency=USD&selectedSKUId=84312180034&selectedLotId=8431218&fromBag=true&quantity=1&utm_medium=cse&utm_source=google&utm_campaign=cropped%20pants&utm_content=84312180034&cid=cse%7Cgoogle%7C008%20-%20womens%20apparel%7Ccropped%20pants_84312180034&gclid=EAIaIQobChMI0eWdicSs3gIVyIR-Ch2J3gHYEAQYAYABEgLqvFD_BwE									
139. Lauren Ralph Lauren Waffle-Knit Cotton Midi Dress									
	1.00 EA	99.50	8.58	108.08	1/8 yrs	Above Avg.	7.5%	(7.46)	100.62
Orig. Desc. - Polo Ralph Lauren, Midi dress									
Purchased From: Nordstrom									
https://www.macys.com/shop/product/lauren-ralph-lauren-waffle-knit-cotton-midi-dress?ID=6524865&pla_country=US&CAGPSN=pla&CAWEL AID=120156340030110542&CAAGID=19061551021&CATCI=pla-381272813931&catargetid=120156340018372371&cadevice=c&lsft=cm_mmc :Google_Womens_PLA_-RTW%20Womens_Lauren%20Ralph%20Lauren%20-%20GS_Dresses72117743461_-pg1989819_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1_KID_500_255686941_19061551021_72117743461_pla-381272813931_882909945091USA__c_KID_trackingid: 424x1989819&cm_mmc=Google_Womens_PLA_-RTW_Womens_Lauren_Ralph_Lauren_-_GS_Dresses_-72117743461_-pg1989819_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1255686941_19061551021_72117743461_pla-381272813931_882909945091USA__KID_trackingid= 424x1989819&gclid=EAIaIQobChMI7Lfgltqp3gIVgpV-Ch0nfAx_EAQYByABEgL_1_D_BwE									
140. Melange V-neck dress in stretch virgin wool									
	1.00 EA	495.00	42.69	537.69	2/8 yrs	Above Avg.	15%	(74.25)	463.44
Orig. Desc. - Boss, Wool dress									
Purchased From: Nordstrom									
https://www.hugoboss.com/us/melange-v-neck-dress-in-stretch-virgin-wool/728678859781.html?gclid=EAIaIQobChMIj6X_nNqp3gIVgXt-Ch0vag DREAQYBSABEGlXGfD_BwE									
141. Knitted flared dress with three-dimensional structure									
	1.00 EA	298.00	25.70	323.70	2/8 yrs	Above Avg.	15%	(44.70)	279.00
Orig. Desc. - Boss, Dress									
Purchased From: Nordstrom									
https://www.hugoboss.com/us/knitted-flared-dress-with-three-dimensional-structure/728678373607.html?gclid=EAIaIQobChMIqPzAz9up3gIVgX1-Ch0yMQj5EAQYBCABEGlY0_D_BwE									
142. Heartloom, Jumpsuit									
	1.00 EA	0.00	0.00	0.00	2/NA	Above Avg.	0%	(0.00)	0.00
Purchased From:									
We need more information to price items accurately									
143. Boden, Sleeveless dress									
	1.00 EA	0.00	0.00	0.00	0.67/NA	Above Avg.	0%	(0.00)	0.00
Purchased From: Nordstrom									

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CONTINUED - Storage master bedroom/ bedroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
144. Dress the Population Raquel One-Shoulder Dress									
	1.00 EA	254.00	21.91	275.91	1/8 yrs	Above Avg.	7.5%	(19.05)	256.86
Orig. Desc. - Dress the population, Off shoulder dress									
Purchased From: Nordstrom									
https://www.bloomingdales.com/shop/product/dress-the-population-raquel-one-shoulder-dress?ID=2991564&pla_country=US&cm_mmc=Google-P LA-ADC_-_Dresses-DressesJan17Coop_-_Dress%20The%20Population_-_843301101003USA&CAWELAID=120156070007847174&CAGPSPN=pla&CAAGID=47685645359&CATCI=aud-298639203060:pla-447328442357&CATARGETID=120156070006108163&cadevice=c&gclid=EAIAI QobChMI0o_Htcas3gIVh8BkCh0HhQguEAQYBCABEGJfafD_BwE									
145. ADELYN RAE Ruched Jersey Sheath Dress									
	1.00 EA	89.00	7.68	96.68	2/8 yrs	Above Avg.	15%	(13.35)	83.33
Orig. Desc. - Adelyn rae, Sheath dress									
Purchased From:									
https://shop.nordstrom.com/s/adelyn-rae-ruched-jersey-sheath-dress/4183482?country=US&currency=USD&mrkgcl=760&mrkgadid=33139586 63&utm_content=32036587325&utm_term=pla-260762891958&utm_channel=shopping_ret_p&sp_source=google&sp_campaign=662927179&rk g_id=0&adpos=1o10&creative=145503088544&device=c&matchtype=&network=g&gclid=EAIAI QobChMI5oXe0sas3gIVFbvsCh3wzQKBEAQYC iABEGKqGvD_BwE									
146. Veronica Beard Lyssa High-Heel Houndstooth d'Orsay Pumps									
	1.00 EA	450.00	38.81	488.81	2/3 yrs	Above Avg.	40%	(180.00)	308.81
Orig. Desc. - Veronica beard, Women's heels									
Purchased From: Nordstrom									
https://www.bergdorfgoodman.com/Veronica-Beard-Lyssa-High-Heel-Houndstooth-d-Orsay-Pumps/prod142030111/p.prod?ecid=BGCS__GoogleP LA&utm_source=google_shopping&adpos=1o3&scid=scplpsku112450822&sc_intid=sku112450822&gclid=EAIAI QobChMIoqnz5typ3gIVkCJkCh0 zXgAwEAYYAYABEGYKPD_BwE									
147. Tony Burch Elizabeth Smooth Leather Pumps									
	1.00 EA	278.00	23.98	301.98	2/3 yrs	Above Avg.	40%	(111.20)	190.78
Orig. Desc. - Tony Burch, Women's pumps									
Purchased From: Nordstrom									
https://www.neimanmarcus.com/c/designers-tony-burch-cat17600760									
148. gweneth heels									
	1.00 EA	268.00	23.12	291.12	3/3 yrs	Above Avg.	60%	(160.80)	130.32
Orig. Desc. - kate spade new york, Sandal heel									
Purchased From: Nordstrom									
https://www.katespade.com/products/gweneth-heels/640819463452.html									
149. Via Spiga Forte Block Heel Sandals									
	1.00 EA	250.00	21.56	271.56	0.75/3 yrs	Below Avg.	35%	(87.50)	184.06
Orig. Desc. - Via spica, Sandal									
Purchased From: Nordstrom									



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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.dillards.com/p/via-spiga-forte-block-heel-sandals/507958087?googleShop=Y&cm_mmc=GooglePLAs_-Category+-+All+Womens+Shoes+-+Shopping_-g_-null&gclid=EAIAIQobChMIkr_w6t2p3gIVlspkCh2kWWd2EAQYAiABEgI_yvD_BwE								
150. Franco Sarto Belaire Tall Boots								
1.00 EA	189.00	16.30	205.30	3/3 yrs	Above Avg.	60%	(113.40)	91.90
Orig. Desc. - Boot								
Purchased From: DSW Designser shoe warehouse								
https://www.macys.com/shop/product/franco-sarto-belaire-tall-boots?ID=6799290&CategoryID=25122&swatchColor=Black&swatchColor=Black#n=sp%3D1%26spc%3D1755%26kws%3Dboots%26searchPass%3DexactMultiMatch%26slotId%3D110								
151. KENNETH COLE NEW YORK KAROLINA SANDAL								
1.00 EA	99.99	8.62	108.61	2/3 yrs	Avg.	66.67%	(66.66)	41.95
Orig. Desc. - Karolina, Sandal								
Purchased From: DSW								
https://www.dsw.com/en/us/product/kenneth-cole-new-york-karolina-sandal/415286?cm_mmc=CSE_-GPS_-G_Shopping_Sandals_-New_Sandals&cadevice=c&gclid=EAIAIQobChMIK7RoMes3gIVENVkCh1yfQLDEAQYASABEgJge_D_BwE								
152. Lane Boots Women's 'Love Sick' Cowboy Boots - Distressed Brown								
1.00 EA	288.00	24.84	312.84	2/3 yrs	Above Avg.	40%	(115.20)	197.64
Orig. Desc. - Lovesick, Western boots								
Purchased From:								
https://www.langstons.com/lane-womens-cowboy-boots-love-sick-distressed-brown-lb0040d.html?Size=9&gclid=EAIAIQobChMI0p7Dh96p3gIVhc_hkCh3BqQE1EAQYBiABEgJbefD_BwE								
153. olsten, Class ring men's								
1.00 EA	399.00	34.41	433.41	30/NA	Avg.	0%	(0.00)	433.41
Purchased From: Jolsten								
Priced per insured								
154. Christmas decorations								
1.00 EA	0.00	0.00	0.00	10/NA	Avg.	0%	(0.00)	0.00
Business Use: No								
We need more information to price items accurately: quantity								
155. Wall-Mounted Locking Wooden Jewelry Armoire - 14.5W x 50H in.								
1.00 EA	266.64	23.00	289.64	2/10 yrs	Avg.	20%	(53.33)	236.31
Orig. Desc. - Large Jewellery wall unit								
Purchased From:								
https://www.hayneedle.com/product/wallmountedwoodenjewelryarmoire.cfm								
156. Classic Gray Twin-over-Twin Bunk Bed - Spring Creek								
1.00 EA	599.99	51.75	651.74	3/20 yrs	Above Avg.	9%	(54.00)	597.74
Orig. Desc. - Wood bunk beds twin								
Purchased From: Rcwilley								

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10/29/2018

Page: 26

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CONTINUED - Storage master bedroom/ bedroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.rcwilley.com/Furniture/Bedroom/Beds/Bunk-Beds/110434455/Classic-Gray-Twin-over-Twin-Bunk-Bed---Spring-Creek-View.jsp								
157. Rustic Driftwood 4-Drawer Chest - Fort								
1.00 EA	399.99	34.50	434.49	3/20 yrs	Above Avg.	9%	(36.00)	398.49
Orig. Desc. - Rustic, 4 drawer dresser								
Purchased From: RCWilley								
https://www.rcwilley.com/Search.jsp?q=4+drawer+dresser								
158. Sunset LaSalle Plush Twin Mattress								
2.00 EA	229.99	39.67	499.65	3/10 yrs	Above Avg.	18%	(82.80)	416.85
Orig. Desc. - Sunset ruby, Twin mattresses								
Purchased From: RCWilley								
https://www.rcwilley.com/Mattresses/Twin/Mattresses/930112-3010/111064775/Sunset-LaSalle-Plush-Twin-Mattress-View.jsp								
Totals: Storage master bedroom/ bedroom		5,432.95	68,423.48				9,575.09	58,848.39

Storage bathroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
159. Bath towel collection								
10.00 EA	19.99	17.24	217.14	0.5/NA	Above Avg.	0%	(0.00)	217.14
Purchased From: Bed bath beyond								
Validated price and price is in line with current market values.								
160. Picture frames								
5.00 EA	25.00	10.78	135.78	1/10 yrs	Above Avg.	6%	(7.50)	128.28
Purchased From: Bed bath beyond								
Validated price and price is in line with current market values								
161. Liz Claiborne Luxury Egyptian Cotton Bath Towel								
8.00 EA	26.00	17.94	225.94	2/5 yrs	Avg.	40%	(83.20)	142.74
Orig. Desc. - Macy's, Egyptian cotton towels								
Purchased From: Macy's								
https://www.jcpenney.com/p/liz-claiborne-luxury-egyptian-cotton-bath-towel/ppr5007671638?pTmplType=regular&catId=SearchResults&searchTerm=egyptian+cotton+towels&sort=PLH&productGridView=medium&badge=onlyatjcp								
162. EMPORIO ARMANI G Line Trim Fit Solid Wool Suit								
2.00 EA	1,495.00	257.89	3,247.89	5/8 yrs	Avg.	62.5%	(1,868.75)	1,379.14
Orig. Desc. - Armani, Armani Suit								
Purchased From:								



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CONTINUED - Storage bathroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://shop.nordstrom.com/s/emporio-armani-g-line-trim-fit-solid-wool-suit/4943716?country=US&currency=USD&mrkgcl=760&mrkgadid=3313961047&utm_content=47080218853&utm_term=aud-446275110441:pla-371773334624&utm_channel=shopping_acq_p&sp_source=google&sp_campaign=953510830&rkq_id=0&adpos=1o4&creative=226491502741&device=c&matchtype=&network=g&gclid=EAIaIQobChMIvOm8mt-p3gIViADsCh0TVAB7EAQYBCABEgJJbvD_BwE								
163.	Geoffrey Beene 2-pc. Suit Set							
3.00 EA	300.00	77.63	977.63	2/8 yrs	Avg.	25%	(225.00)	752.63
Orig. Desc. - Stafford, Stafford Executive Suits								
Purchased From:								
https://www.jcpenney.com/p/geoffrey-beene-2-pc-suit-set/ppr5007766429?pTmplType=regular&catId=SearchResults&searchTerm=MENS+SUITS&sort=PHL&productGridView=medium&N=4294287632%20507&badge=fewleft								
164.	Alfani, Alfani Suits							
1.00 EA	800.00	69.00	869.00	2/8 yrs	Avg.	25%	(200.00)	669.00
Purchased From:								
After some research, insured's pricing accepted								
165.	Stafford, Stafford Executive dress Shirts							
1.00 EA	30.00	2.59	32.59	4/8 yrs	Avg.	50%	(15.00)	17.59
Purchased From:								
Validated price and price is in line with current market values.								
166.	Van Heusen Short Sleeve Stripe Knit Polo Shirt							
6.00 EA	50.00	25.88	325.88	2/8 yrs	Avg.	25%	(75.00)	250.88
Orig. Desc. - Van Huesen, Van Huesen Sport shirts								
Purchased From:								
https://www.jcpenney.com/p/van-heusen-short-sleeve-stripe-knit-polo-shirt/ppr5007383269?pTmplType=regular&country=US&currency=USD&selectedSKUId=51230420661&selectedLotId=5123042&fromBag=true&quantity=1&utm_medium=cse&utm_source=google&utm_campaign=polo%20shirts&utm_content=51230420661&cid=cse%7Cgoogle%7C002%20-%20mens%7Cpolo%20shirts_51230420661&gclid=EAIaIQobChMIbEeEu8es3gIVgv5kCh2Thw0yEAQYBSABEgIoWPD_BwE								
167.	Levi's Straight Chino Pants							
8.00 EA	59.50	41.06	517.06	4/8 yrs	Avg.	50%	(238.00)	279.06
Orig. Desc. - Levi, Levi Pants								
Purchased From: Levi								
https://www.jcpenney.com/p/levis-straight-chino-pants/pp5007530353?pTmplType=regular&country=US&currency=USD&selectedSKUId=52010260158&selectedLotId=5201026&fromBag=true&quantity=1&utm_medium=cse&utm_source=google&utm_campaign=flat%20front%20pants&utm_content=52010260158&cid=cse%7Cgoogle%7C002%20-%20mens%7Cflat%20front%20pants_52010260158&gclid=EAIaIQobChMIhc6mv8es3gIVBNkCh0fEA2mEAQYAIAABEgJCq_D_BwE								
168.	Levi, Levi Dockers							
4.00 EA	40.00	13.80	173.80	3/8 yrs	Avg.	37.5%	(60.00)	113.80
Purchased From: Levi								
Validated price and price is in line with current market values								

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10/29/2018

Page: 28



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CONTINUED - Storage bathroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
169. TRUE RELIGION BRAND JEANS Officer Field Pants									
	2.00 EA	179.00	30.88	388.88	3/8 yrs	Avg.	37.5%	(134.25)	254.63
Orig. Desc. - True Religion, True Religion Pants									
Purchased From: True Religion									
https://shop.nordstrom.com/s/true-religion-brand-jeans-officer-field-pants/4887950?country=US&currency=USD&utm_content=57428835077_4f433054-4aba-426d-aa7d-154cf1c055af&utm_term=pla-506368477619&utm_channel=shopping_ret_vf&sp_source=google&sp_campaign=1493647123&gclid=EAIaIQobChMI4_Hm8cis3gIVjYp-ChlOpQZMEAQYAYABEGIMU_D_BwE									
170. Lucky Brand Men's 181 Relaxed Straight Fit Jeans									
	2.00 EA	89.50	15.44	194.44	3/8 yrs	Avg.	37.5%	(67.13)	127.31
Orig. Desc. - Lucky Brand, Lucky Brand Jeans									
Purchased From:									
https://www.macys.com/shop/product/lucky-brand-mens-181-relaxed-straight-fit-jeans?ID=1431681&pla_country=US&CAGPSN=pla&CAWELAID=120156340000007377&CAAGID=67107542384&CATCI=aud-302288356980:pla-534432270667&cm_mmc=Google_Mens_PLA-_-Crealytics-Camato-Menswear-Designer-GS-Desktop_lucky-brand---mens---jeans_-_-301969357674_-pg1050733719_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af&trackingid=403x1050733719&lsft=cm_mmc:Google_Mens_PLA-_-Crealytics-Camato-Menswear-Designer-GS-Desktop_lucky%20brand%20-%20mens%20%3E%20jeans_-_-301969357674_-_-1050733719_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_4131592639510_67107542384_301969357674_aud-302288356980:pla-534432270667_700691191123USA__c_KID_,trackingid:403x1050733719&&gclid=EAIaIQobChMI4_Hm8cis3gIVjYp-ChlOpQZMEAQYAYABEGIMU_D_BwE									
171. Classic Graphic Tee Shirt									
	5.00 EA	25.00	10.78	135.78	2/8 yrs	Avg.	25%	(31.25)	104.53
Orig. Desc. - Levi, Levi T-Shirts									
Purchased From: Levi									
https://www.levi.com/US/en_US/clothing/men/shirts/classic-graphic-tee-shirt/p/396360000?utm_source=google&utm_medium=cpc&adpos=1o3&camp=PLA*EC*US*EN*71700000039128118*pla*goog**92700035560456436:LEVI&&camp=PLA*EC*US*EN*1493957696*pla*goog**3963600000S:LEVI&gclid=EAIaIQobChMI5Om27cis3gIVjYp-ChlOpQZMEAQYAYABEGIMU_D_BwE									
172. TRUE RELIGION BRAND JEANS Officer Field Pants									
	3.00 EA	179.00	46.32	583.32	3/8 yrs	Avg.	37.5%	(201.38)	381.94
Orig. Desc. - True Religion, True Religion Pants									
Purchased From: True Religion									
https://shop.nordstrom.com/s/true-religion-brand-jeans-officer-field-pants/4887950?country=US&currency=USD&utm_content=57428835077_4f433054-4aba-426d-aa7d-154cf1c055af&utm_term=pla-506368477619&utm_channel=shopping_ret_vf&sp_source=google&sp_campaign=1493647123&gclid=EAIaIQobChMI4_Hm8cis3gIVjYp-ChlOpQZMEAQYAYABEGIMU_D_BwE									
173. Men's Nike Club Fleece Pants									
	5.00 EA	45.00	19.41	244.41	4/8 yrs	Avg.	50%	(112.50)	131.91
Orig. Desc. - Nike, Nike Sweats									
Purchased From: Nike									
https://www.kohls.com/product/prd-2464341/mens-nike-club-fleece-pants.jsp?skuid=76717815									
174. Nike 3-pk. Performance Crew Socks									
	4.00 EA	14.00	4.83	60.83	2/3 yrs	Avg.	66.67%	(37.33)	23.50

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10/29/2018

Page: 29



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CONTINUED - Storage bathroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - Nike, Nike Socks								
Purchased From: Nike								
https://www.jcpenney.com/p/nike-3-pk-performance-crew-socks/17f6e47?pTmplType=regular&country=US&currency=USD&selectedSKUId=50371530158&selectedLotId=5037153&fromBag=true&quantity=1&utm_medium=cse&utm_source=google&utm_campaign=crew%20socks&utm_content=50371530158&cid=cse%7Cgoogle%7C002%20-%20mens%7Ccrew%20socks_50371530158&gclid=EAIAIQobChMI2e-XxMms3gIVBNVCh3VnQsrEAQYBCABEGKIFvD_BwE								
175. Nike Men's Air Max '90 Essential Shoes								
3.00 EA	109.99	28.46	358.43	2/3 yrs	Avg.	66.67%	(219.98)	138.45
Orig. Desc. - Nike, Nike Air Max Shoes								
Purchased From: Nike								
https://www.dickssportinggoods.com/p/nike-mens-air-max-90-essential-shoes-17nikmrmx90ssntlrlfs/17nikmrmx90ssntlrlfs?camp=CSE:DSG_pg1052913451_ecom_PLA_452&gclid=EAIAIQobChMIIm-HPyMms3gIVE9VCh3LZQyEAQYASABEGKqffD_BwE								
176. MEN'S TILDEN MEDIUM/WIDE CAP TOE OXFORD								
4.00 EA	69.99	24.15	304.11	2/3 yrs	Avg.	66.67%	(186.64)	117.47
Orig. Desc. - Clarks Shoes, Clarks Dress Shoes								
Purchased From: Clarks Shoes Store								
https://www.famousfootwear.com/en-US/Product/03962-5247820/Clarks/Dark+Tan+Leather/Mens+Tilden+Medium_Wide+Cap+Toe+Oxford.aspx?partnerid=adwordspla&cvo_adid=5247820-03962-8.5W&cvo_src=cse.GoogleShopping.03962&cvo_campaign=General&KPID=5247820-03962-8.5W%26k_clickid%3D_k_EAIAIQobChMIzaqFzcms3gIVF5kCh3K7gIgEAQYFiABEGLOt_D_BwE_k_&gclid=EAIAIQobChMIzaqFzcms3gIVF5kCh3K7gIgEAQYFiABEGLOt_D_BwE								
177. Liya Gaze Womens Sandals								
4.00 EA	55.00	18.98	238.98	2/3 yrs	Avg.	66.67%	(146.67)	92.31
Orig. Desc. - Clarks Shoes, Clarks Sandals								
Purchased From: Clarks Shoes Store								
https://www.clarksusa.com/c/Liya-Gaze/p/26136998?cm_mmc=PPC_SHOP_google-_-shopping-_-pla-_-26136998&utm_source=google&utm_medium=cpc&utm_campaign=shopping&utm_term=26136998&CAWELAID=120342750000059410&CAGPSPN=pla&CAAGID=62312743571&CATCI=pla-464519615253&gclid=EAIAIQobChMI6sazlcqs3gIVgXp-Ch3shQ_fEAQYBiABEGJgRfD_BwE&gclidsrc=aw.ds								
178. Men's Croft & Barrow Solid Tie								
20.00 EA	34.00	58.65	738.65	4/8 yrs	Avg.	50%	(340.00)	398.65
Orig. Desc. - Henry Grethal, Henry Grethal Ties								
Purchased From:								
https://www.kohls.com/product/prd-2516645/croft-barrow-satin-solid-tie-men.jsp?skuid=61325602&ci_mcc=ci&utm_campaign=&utm_medium=CSE&utm_source=connexity&utm_product=%7BProduct_ID%7D&utm_campaignid=%7Bcampaignid%7D&CID=shopping34								
179. Van Huesan, Van Huesan Ties								
10.00 EA	10.00	8.63	108.63	4/8 yrs	Avg.	50%	(50.00)	58.63
Validated price and price is in line with current market values.								
Purchased From:								



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CONTINUED - Storage bathroom

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
180. Timberland Men's Logan Bay Chelsea Boots	2.00 EA	130.00	22.43	282.43	4/3 yrs	Avg.	80% [M]	(208.00)	74.43

Orig. Desc. - Timberland, Timberland Boots

Purchased From:

https://www.macys.com/shop/product/timberland-mens-logan-bay-chelsea-boots?ID=6630375&pla_country=US&CAGPSPN=pla&CAWELAID=120156340028786621&CAAGID=17372775752&CATCI=pla-550468975134&cm_mmc=Google_Mens_Shoes_PLA_-Mens_Shoes_Timberland_-GS_Timberland_-60418535792_-pg1050938771_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_EMPTY_269426192_17372775752_60418535792_pla-550468975134_191931500186USA__KID__&trackingid=474x1050938771&lsft=cm_mmc:Google_Mens_Shoes_PLA_-Mens%20Shoes_Timberland%20-%20GS_Timberland60418535792_-pg1050938771_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_844_269426192_17372775752_60418535792_pla-550468975134_191931500186USA__c_KID__trackingid:474x1050938771&catargetid=120156340030228095&cadevice=c&gclid=EAIaIQobChMlvmo66us3gIVjMJkCh3pAAz3EAQYFiABEgKr3vD_BwE

181. Isotoner Signature Trellis Tessa Sweater-Knit Slippers

4.00 EA	30.00	10.35	130.35	3/3 yrs	Avg.	80% [M]	(96.00)	34.35
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Orig. Desc. - Alfani, Alfani Slippers

Purchased From:

<https://www.macys.com/shop/product/isotoner-signature-trellis-tessa-sweater-knit-slippers?ID=6653425&CategoryID=16108#fn=GENDER%3DWomen%26SIZE%3D%26sp%3D1%26spc%3D179%26kws%3Dslippers%26searchPass%3DexactMultiMatch%26slotId%3D71>

182. WILSONS LEATHER VINTAGE RETRO BUCKLED COLLAR LEATHER JACKET

1.00 EA	409.99	35.36	445.35	2/8 yrs	Avg.	25%	(102.50)	342.85
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Orig. Desc. - Wilsons Leather, Wilsons Leather Jacket

Purchased From: Wilsons Leather

<https://www.wilsonleather.com/product/wilsons-leather-vintage-retro-buckled-collar-leather-jacket.do?sortby=priceAscend&from=fn>

183. Boliva, Boliva Watches

2.00 EA	500.00	86.25	1,086.25	5/NA	Avg.	0%	(0.00)	1,086.25
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Purchased From: Macy's

Priced per insured

184. Timex, Timex Watches

2.00 EA	375.00	64.69	814.69	5/NA	Avg.	0%	(0.00)	814.69
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Purchased From: Macy's

Priced per insured

185. WOMEN'S SKINNY FIT BIG T JEAN

3.00 EA	99.99	25.87	325.84	3/3 yrs	Avg.	80% [M]	(239.98)	85.86
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Orig. Desc. - True Religion, Women True Religion Jeans

Purchased From: True Religion

<https://www.truereligion.com/women-s-skinny-fit-big-t-jean/889347724684.html?country=US¤cy=USD>

186. MENS BUDDHA GRAPHIC PULLOVER HOODIE

3.00 EA	69.99	18.11	228.08	2/8 yrs	Avg.	25%	(52.49)	175.59
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Orig. Desc. - True Religion, Women True Religion Hoodies

Purchased From: True Religion

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10/29/2018

Page: 31



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CONTINUED - Storage bathroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.truereligion.com/mens-buddha-graphic-pullover-hoodie/101223.html?color=1239#q=hoodie&start=3								
187. WOMENS BUTTON UP BLOUSE								
4.00 EA	49.99	17.25	217.21	2/8 yrs	Avg.	25%	(49.99)	167.22
Orig. Desc. - True Religion, Women True Religion Blouses								
Purchased From:								
https://www.truereligion.com/womens-button-up-blouse/200701.html?color=4204								
188. Greenworks Pro 60-volt Brushless Lithium Ion 21-in Cordless Electric Lawn Mower (Battery Included)								
1.00 EA	399.00	34.41	433.41	4/10 yrs	Avg.	40%	(159.60)	273.81
Orig. Desc. - Green Works, Green Works Lithium Brushless/Cordless Elctrice Lawn Mower								
Purchased From: Lowes								
https://www.lowes.com/pd/Greenworks-Pro-60-volt-Brushless-Lithium-Ion-21-in-Cordless-Electric-Lawn-Mower-Battery-Included/1000179065								
189. Philips Sonicare (\$20 Rebate Available) ProtectiveClean 6100 Whitening Rechargeable electric toothbrush with pressure sensor and intensity settings, Pastel Pink HX6876/21								
2.00 EA	99.95	17.24	217.14	0.33/10 yrs	Avg.	3.3%	(6.60)	210.54
Orig. Desc. - Sonic, Electric toothbrush								
Purchased From:								
https://www.walmart.com/ip/Philips-Sonicare-20-Rebate-Available-ProtectiveClean-6100-Whitening-Rechargeable-electric-toothbrush-pressure-sensor-intensity-settings-Pastel-Pink-H/302759797?wmlspartner=wlp&selectedSellerId=0&adid=222222227144645546&wl0=&wl1=g&wl2=c&wl3=253420591184&wl4=pla-417978612658&wl5=9030106&wl6=&wl7=&wl8=&wl9=pla&wl10=8175035&wl11=online&wl12=302759797&wl13=&veh=sem&gclid=EAIaIqobChMIj-OOvuOp3gIVirxkCh3MVQBOEAQYByABEGlB_E_D_BwE								
190. JINRI XPRO 1875 Watts Infrared Ion Hair Dryer Tourmaline Ceramic Salon Performance AC Motor Blow Dryer/Styling Tool, Black								
2.00 EA	45.99	7.93	99.91	2/10 yrs	Avg.	20%	(18.40)	81.51
Orig. Desc. - Jinri, Blow dryer								
Purchased From:								
https://www.amazon.com/gp/offer-listing/B07GRWT55H/ref=dp_olp_new_mbc?ie=UTF8&condition=new								
191. Madison Park Signature 8-Piece 800 GSM Cotton Towel Set								
1.00 EA	59.99	5.17	65.16	2/5 yrs	Avg.	40%	(24.00)	41.16
Orig. Desc. - Madison park signature, 8 piece towel set								
Purchased From: Macy's								
https://www.bedbathandbeyond.com/store/product/madison-park-signature-800gsm-100-cotton-8-piece-towel-set/3308046?skuId=47707795&mciid=PS_googlepla_nonbrand_bath_online&product_id=47707795&adtype=pla&product_channel=online&adpos=1o5&creative=224106447535&device=c&matchtype=g&mrkgadid=3072323571&mrkgcl=609&rkid=0&gclid=EAIaIqobChMI_fuLjaas3gIVj_hkCh0wGgsqEAQYBSABEgLxBPD_BwE&gclid=aw.ds								
192. Avanti Turkish Spa Bath Towels in White (Set of 6)								
2.00 EA	69.99	12.07	152.05	3/5 yrs	Avg.	60%	(83.99)	68.06
Orig. Desc. - Avanti, Spa cotton towel set								
Purchased From: Macy's								



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CONTINUED - Storage bathroom

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.bedbathandbeyond.com/store/product/avanti-turkish-spa-bath-towels-set-of-6/3338949?skuId=62757706&&mrkgcl=609&mrkgadid=3290834650&rk_id=0&mcid=PS_googlepla_nonbrand_bath_online&product_id=62757706&adtype=pla&product_channel=online&adpos=1o3&creative=224106447535&device=c&matchtype=&network=g&gclid=EAIaIQobChMI8aXciKas3gIVIsVkCh1t4QQxEAQYAyABEgKlsvD_BwE&gclsrc=aw.ds								
193. Jcpennys home, Bath Towels								
15.00 EA	8.00	10.35	130.35	4/5 yrs	Avg.	80% [M]	(96.00)	34.35
Purchased From: JcPennys								
Validated price and price is in line with current market values.								
194. Bathroom rugs								
1.00 EA	0.00	0.00	0.00	2/NA	Above Avg.	0%	(0.00)	0.00
Purchased From: Nordstrom								
We need more information to price items accurately: quantity								
Totals: Storage bathroom		1,167.82	14,707.39				5,437.13	9,270.26

Storage dining rm

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
195. Abbott Dining Table								
1.00 EA	5,079.00	438.06	5,517.06	3/20 yrs	Above Avg.	9%	(457.11)	5,059.95
Orig. Desc. - Abbott, Formal dining table								
Purchased From: Ethan Allen								
https://www.ethanallen.com/en_US/shop-furniture-dining-room-tables/abbott-dining-table/346414.html								
196. Noritake Crestwood Gold 50-Piece Dinnerware Set								
1.00 EA	299.99	25.87	325.86	4/20 yrs	Above Avg.	12%	(36.00)	289.86
Orig. Desc. - Noritake, China 50 pc set								
Purchased From: Macy's								
https://www.bedbathandbeyond.com/store/product/noritake-reg-crestwood-gold-50-piece-dinnerware-set/1014554033?skuId=14554033&&mrkgcl=609&mrkgadid=3304700480&mcid=PS_googlepla_nonbrand_dining_online&product_id=14554033&adtype=pla&product_channel=online&adpos=1o2&creative=223880474141&device=c&matchtype=&network=g&gclid=EAIaIQobChMIr8O9gOSp3gIVBqrsCh05IAkbEAQYAiABEgIWLPD_BwE&gclsrc=aw.ds								
197. Marchesa by Lenox Dinnerware, Empire Pearl Dinner Plate								
10.00 EA	52.00	44.85	564.85	2/20 yrs	New	0%	(0.00)	564.85
Orig. Desc. - Lenox, Dinnerware								
Purchased From: Macy's								



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CONTINUED - Storage dining rm

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.macys.com/shop/product/marchesa-by-lenox-dinnerware-empire-pearl-dinner-plate?ID=827072&CategoryID=53630#fn=sp%3D1%26pc%3D100%26kws%3Dlenox%20dinner%20plate%26searchPass%3DallMultiMatchWithSpelling%26slotId%3D9								
198. Shiraleah Lettuce Entertain You/Endive In Salad Servers								
2.00	EA	89.00	15.35	193.35	3/20 yrs	Above Avg.	9%	(16.02)
								177.33

Orig. Desc. - Shiraleah, Silver salad servers

Purchased From: Macys

https://www.macys.com/shop/product/shiraleah-lettuce-entertain-you-endive-in-salad-servers?ID=5369932&pla_country=US&CAGPSN=pla&CAWELAID=120156340018806557&CAAGID=65774816144&CATCI=pla-514079508210&lsft=cm_mmc:Google_SH_PLA_Tabletop-_-GS_Dinnerware_PLA_Shiraleah293719121715_-pg1050698385_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_977_1546922795_65774816144_293719121715_pla-514079508210_848616044908USA__c_KID__trackingid:509x1050698385&cm_mmc=Google_SH_PLA_Tabletop-_-GS_Dinnerware_PLA_Shiraleah_-293719121715_-pg1050698385_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_EMPTY_1546922795_65774816144_293719121715_pla-514079508210_848616044908USA__KID__trackingid:509x1050698385&gclid=EAIaIqobChMlu3dpp6s3gIViuNkCh31dgWiEAQYASABEgIQjfd_BwE

199. Waterford Olann Platinum Serving Set

2.00 EA	325.00	56.06	706.06	3/20 yrs	Above Avg.	9%	(58.50)	647.56
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Orig. Desc. - Waterford, Platinum serving set

Purchased From: Macys

<https://www.macys.com/shop/product/waterfordolann-platinum-serving-set?ID=5798123>

200. Nambe Skye Oval Platter

2.00 EA	90.00	15.53	195.53	4/20 yrs	Above Avg.	12%	(21.60)	173.93
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Orig. Desc. - Nambe, Oval platter

Purchased From: Macys

https://www.neimanmarcus.com/p/nambe-skye-oval-platter-prod215700222?ecid=NMCS__GooglePLA

201. Michael Aram Twist Medium Serving Tray

2.00 EA	165.00	28.46	358.46	4/20 yrs	Above Avg.	12%	(39.60)	318.86
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Orig. Desc. - Michael aram, Serving tray

Purchased From: Macy's

https://www.neimanmarcus.com/p/michael-aram-twist-medium-serving-tray-prod200800553?ecid=NMCS__GooglePLA&utm_source=google_shopping&adpos=1o29&scid=scplpsku171831544&sc_intid=sku171831544&gclid=EAIaIqobChMIxtLj_4Gq3gIVib9kCh11VAMwEAQYHSABEgKSKfD_BwE

202. Michael Aram Palace Serving Bowl

2.00 EA	155.00	26.74	336.74	4/20 yrs	Above Avg.	12%	(37.20)	299.54
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Orig. Desc. - Michael Aram, Serving bowl

Purchased From: Macy's

https://www.neimanmarcus.com/p/michael-aram-palace-serving-bowl-prod193432416?ecid=NMCS__GooglePLA&utm_source=google_shopping&adpos=1o5&scid=scplpsku166511486&sc_intid=sku166511486&gclid=EAIaIqobChMIrvLghIKq3gIVC8ZkCh1uqwX2EAQYBSABEgJ7k_D_BwE



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CONTINUED - Storage dining rm

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
203. kate spade new york Take the Cake 2-Piece Cake Knife and Server Set								
2.00 EA	64.99	11.21	141.19	2/20 yrs	Above Avg.	6%	(7.80)	133.39
Orig. Desc. - Kate Spade, Knife and server								
Purchased From: Macys								
https://www.bedbathandbeyond.com/store/product/kate-spade-new-york-take-the-cake-trade-2-piece-cake-knife-and-server-set/1043872817?skuId=43872817&mcid=PS_googlepla								
204. Michael Aram, Serveware collection								
1.00 EA	0.00	0.00	0.00	1/NA	Above Avg.	0%	(0.00)	0.00
Purchased From: Macy's								
We need more information to price items accurately: details								
205. ROCK-CUT Bowl 9"								
1.00 EA	100.00	8.63	108.63	4/10 yrs	Above Avg.	24%	(24.00)	84.63
Orig. Desc. - Tiffany & co, Glass bowl								
Purchased From: Tiffany, Method (Check, Charge, Cash, Gift): Gift								
https://www.tiffany.com/accessories/tableware/rock-cut-bowl-GRP02940/rock-cut-bowl-35539492?omcid=ppc_google_PLA+++Home++US&utm_source=google&utm_term=&utm_campaign=PLA+++Home++US&utm_medium=cpc&utm_content=zlkhpnXk pcrid 94841950333 pkw pmt pdv c targetids pla-143595986173 groupid 23042286373 mkwid=szlkhpnXk pcrid 94841950333 pkw pmt pdv c mtid 744dpc50313 slid productid 35539492_ROCKCUT%20BOWL%209IN%20CRYSGLS targetids pla-143595986173 groupid 23042286373 &gclid=EAIaIQobChMIq-36roSq3gIVhMhkCh2sXgKhEAQYAyABEGJEWfD_BwE								
206. FLORA & FAUNA Cake Plate								
1.00 EA	185.00	15.96	200.96	4/10 yrs	Above Avg.	24%	(44.40)	156.56
Orig. Desc. - Tiffany & co, Cake plate								
Purchased From: Tiffany								
https://www.tiffany.com/accessories/tableware/flora-fauna-cake-plate-62206799?fromGrid=1&origin=search&trackpdp=search&tracktile=new&fromcid=1&trackgridpos=3								
Totals: Storage dining rm		686.72	8,648.69				742.23	7,906.46

Storage dinning rm

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
207. Maddox Wood-Seat Armchair								
2.00 EA	379.00	65.38	823.38	3/20 yrs	Above Avg.	9%	(68.22)	755.16
Orig. Desc. - Maddox, Dining chairs								
Purchased From: Ethan Allen								

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CONTINUED - Storage dinning rm

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.ethanallen.com/en_US/shop-furniture-dining-room-chairs-arm-host-chairs/maddox-wood-seat-armchair/156651A.html?dwvar_156651A_finish=368#q=Maddox+Dining+chairs&lang=en_US&start=1								
208. Maddox Wood-Seat Side Chair								
6.00 EA	349.00	180.61	2,274.61	3/20 yrs	Above Avg.	9%	(188.46)	2,086.15
Orig. Desc. - Maddox, Dining side chair								
Purchased From: Ethan Allen								
https://www.ethanallen.com/en_US/shop-furniture-dining-room-chairs-side-chairs/maddox-wood-seat-side-chair/156651.html?dwvar_156651_finish=612								
209. Wooster China Cabinet, Tuxedo Black/ Ascot								
1.00 EA	8,139.00	701.99	8,840.99	4/20 yrs	Above Avg.	12%	(976.68)	7,864.31
Orig. Desc. - Wooster, China cabinet								
Purchased From: Ethan Allen								
https://www.ethanallen.com/en_US/shop-clearance-dining-room/wooster-china-cabinet%2C-tuxedo-black%2F-ascot/346418+++797.html#q=wooster+china+cabinet&lang=en_US&start=1								
210. Carys Bar Cabinet								
1.00 EA	3,379.00	291.44	3,670.44	4/20 yrs	Above Avg.	12%	(405.48)	3,264.96
Orig. Desc. - Carys, Bar cabinet								
Purchased From: Ethan Allen								
https://www.ethanallen.com/en_US/shop-furniture-dining-room-storage-display-buffets-sideboards-servers/carys-bar-cabinet/356305.html								
211. Crystal drop chandelier								
1.00 EA	0.00	0.00	0.00	5/NA	Above Avg.	0%	(0.00)	0.00
Purchased From: Pottery barn								
Forwarded to adjuster to verify coverage c (not installed)								
212. Custom Mountain Fog Hand Knotted Rug, 2.6x8', Ivory								
1.00 EA	855.00	73.74	928.74	2/10 yrs	Above Avg.	12%	(102.60)	826.14
Orig. Desc. - Hand knotted rug runner								
Purchased From: William sonoma								
https://www.williams-sonoma.com/products/mountain-fog-hand-knotted-rug-ivory/?pkey=e%7Crunner%7C154%7CpriceDesc%7C0%7Cviewall%7C72%7C%7C1&cm_src=PRODUCTSEARCH								
Totals: Storage dinning rm		1,313.16	16,538.16				1,741.44	14,796.72

Storage kitchen

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
ENRIQUE_GALVEZ						10/29/2018		Page: 36



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CONTINUED - Storage kitchen

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
213. Gilbert Counter Stool								
4.00 EA	429.00	148.01	1,864.01	3/20 yrs	Above Avg.	9%	(154.44)	1,709.57
Orig. Desc. - Gilbert, Counter chairs								
Purchased From: Ethan Allen								
https://www.ethanallen.com/en_US/shop-furniture-dining-room-bar-counter-stools/gilbert-counter-stool/336521.html?dwvar_336521_finish=612#q=Gilbert+Counter+chairs&lang=en_US&start=1								
214. KitchenAid 5-Quart Tilt Head Stand Mixer with Glass Bowl & Flex Edge Beater Model #KSM105GBC								
1.00 EA	349.99	30.19	380.18	2/10 yrs	Above Avg.	12%	(42.00)	338.18
Orig. Desc. - KitchenAid, Mixer								
Purchased From: Macy's								
https://www.bloomingdales.com/shop/product/kitchenaid-5-quart-tilt-head-stand-mixer-with-glass-bowl-flex-edge-beater-model-ksm105gbc?ID=2864492&pla_country=US&cm_mmc=Google-PLA-ADC-_-Home-NA-_-Kitchenaid-_-883049358703USA&CAWELAID=120156070007026534&CAGPSPN=pla&CAAGID=47685646319&CATCI=aud-298639203060:pla-381498089416&CATARGETID=120156070006149459&cadevice=c&gclid=EAIaIQobChMInPerzIqq3gIVIGB-Ch0VogPbEAQYCiABEgJyYPD_BwE								
215. Ninja NJ600 Professional Blender								
1.00 EA	124.99	10.78	135.77	0.5/10 yrs	New	0%	(0.00)	135.77
Orig. Desc. - Ninja, Blender								
Purchased From: Macy's								
https://www.macys.com/shop/product/ninja-nj600-professional-blender?ID=551811&pla_country=US&CAGPSPN=pla&CAWELAID=120156340000140674&CAAGID=61770714147&CATCI=pla-513130920122&lsft=cm_mmc:Google_SH_PLA_Electrics-_-GS_Electrics_PLA_Ninja293719126464_-pg1050684467_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1_KID_977_1546922783_61770714147_293719126464_pla-513130920122_622356527972USA__c_KID_trackingid:509x1050684467&cm_mmc=Google_SH_PLA_Electrics-_-GS_Electrics_PLA_Ninja-_-293719126464_-pg1050684467_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1_KID_EMPTY_1546922783_61770714147_293719126464_pla-513130920122_622356527972USA__c_KID_trackingid:509x1050684467&gclid=EAIaIQobChMik_Ki-Yqq3gIVDIB-Ch2g4wAdEAQYAiABEgIIfPD_BwE								
216. Breville Smart Oven Air								
1.00 EA	399.95	34.50	434.45	1/10 yrs	Above Avg.	6%	(24.00)	410.45
Orig. Desc. - Breville, Oven air								
Purchased From: Macys								
https://www.williams-sonoma.com/products/breville-smart-oven-air/?catalogId=86&sku=5235432&cm_ven=PLA&cm_cat=Google&cm_pla=Electrics%20%3E%20Toasters%20%26%20Ovens&cm_ite=5235432&gclid=EAIaIQobChMIxpbOiouq3gIVCvbsCh0iMQcCEAYYASABEgK1YvD_BwE								
217. Keurig K-Elite Single Serve K-Cup Pod Coffee Maker in Brushed Silver								
1.00 EA	169.99	14.66	184.65	0.67/10 yrs	Above Avg.	4.02%	(6.83)	177.82
Orig. Desc. - Keurig, Coffee brewer								
Purchased From: Target								



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CONTINUED - Storage kitchen

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.bedbathandbeyond.com/store/product/keurig-reg-k-elite-trade-single-serve-k-cup-reg-pod-coffee-maker/5177760?skuId=65087664&&mrkgcl=609&mrkgadid=3251609371&rkg_id=0&mcid=PS_googlepla_nonbrand_coffeetea_online&product_id=65087664&adtype=pla&product_channel=online&adpos=1o12&creative=224233276482&device=c&matchtype=&network=g&gclid=EAIaIQobChMImqnNjouq3gIVkKDsCh1-lw4yEAQYDCABEgJebfD_BwE&gclsrc=aw.ds								
218.	Bella 13423 5-Qt. Stainless Steel Electric Chafing Dish							
4.00 EA	59.99	20.70	260.66	2/20 yrs	Above Avg.	6%	(14.40)	246.26
Orig. Desc. - Bella, Stainless steel chafing dish								
Purchased From: Macy's								
https://www.macys.com/shop/product/bella-13423-5-qt.-stainless-steel-electric-chafing-dish?ID=929043								
219.	Bella, Waffle maker							
1.00 EA	45.00	3.88	48.88	0.5/10 yrs	Above Avg.	3%	(1.35)	47.53
Purchased From: Macy's								
Validated price and price is in line with current market values.								
220.	Fargrik, 18 piece dinnerware set							
2.00 EA	2.00	0.35	4.35	1/20 yrs	Above Avg.	3%	(0.12)	4.23
Purchased From: IKEA								
Priced per insured								
221.	Vardagen, 6 pk glasses							
4.00 EA	5.00	1.73	21.73	2/20 yrs	Above Avg.	6%	(1.20)	20.53
Purchased From: IKEA								
Priced per insured								
222.	4piece dinnerware set							
10.00 EA	19.00	16.39	206.39	1/NA	Above Avg.	0%	(0.00)	206.39
Purchased From: Ikea								
Validated price and price is in line with current market values.								
223.	Craftsman 450 pc. Mechanic's Tool Set							
1.00 EA	219.99	18.97	238.96	3/20 yrs	Above Avg.	9%	(19.80)	219.16
Orig. Desc. - Craftsman, 450 piece mechanic tool set								
Purchased From: Sears								
https://www.sears.com/craftsman-450-piece-mechanic-s-tool-set/p-A010318153								
224.	All clad cookware							
1.00 EA	0.00	0.00	0.00	2/NA	Above Avg.	0%	(0.00)	0.00
Purchased From: Crate & Barrel								
We need more information to price items accurately: # of pieces								
225.	Sheridan White Kitchen Island							
1.00 EA	699.00	60.29	759.29	2/20 yrs	Above Avg.	6%	(41.94)	717.35
Orig. Desc. - Sheridan, Kitchen island								
Purchased From: William Sonoma								



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CONTINUED - Storage kitchen

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.crateandbarrel.com/sheridan-white-kitchen-island/s171764?localedetail=US&a=1552&campaignid=853779501&adgroupid=46164021347&targetid=aud-477838469452;pla-305626042558&pla_sku=171764&pcat=FURN&ag=adult&scid=scplp171764&sc_intid=171764&gclid=EAIaI QobChMIqPGI7Iyq3gIVgsBkCh3tZAQxEAQYASABEGlrSPD_BwE&gclsrc=aw.ds								
226.	Column frosted, Stainless steel silverware							
1.00 EA	0.00	0.00	0.00	4/NA	Avg.	0%	(0.00)	0.00

Purchased From: William glen

We need more information to price items accurately: number of pieces

227.	Le Creuset Signature 5-Piece Cookware Set							
1.00 EA	524.99	45.28	570.27	3/10 yrs	Avg.	30%	(157.50)	412.77

Orig. Desc. - Le Creuset, Cast iron 5pcs cookware

Purchased From: William Sonoma

https://www.bedbathandbeyond.com/store/product/le-creuset-reg-signature-5-piece-cookware-set/3287448?skuId=61349360&mcid=PS_googlepla_nonbrand_cookware_online&product_id=61349360&adtype=pla&product_channel=online&adpos=1o8&creative=224234111979&device=c&m atchtype=&network=g&mrkgadid=558443318&mrkgcl=609&rk_id=0&gclid=EAIaI QobChMI4n2cp46q3gIVCb3sCh2OIAJ_EAQYCCABEGJ4uv D_BwE&gclsrc=aw.ds

228.	Cuisinart TOA-60 Air Fryer Toaster Oven							
1.00 EA	249.99	21.56	271.55	2/10 yrs	Avg.	20%	(50.00)	221.55

Orig. Desc. - Cuisinart, Fryer toaster oven

Purchased From: Macy's

https://www.macys.com/shop/product/cuisinart-toa-60-air-fryer-toaster-oven?ID=4542191&pla_country=US&CAGPSPN=pla&CAWELAID=120156340014692684&CAAGID=61770712547&CATCI=pla-512020770456&lsft=cm_mmc:Google_SH_PLA_Electrics_-GS_Electrics_PLA_Cuisinart_293719126287_-pg1050682214_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1_KID_977_1546922783_61770712547_293719126287_pla-512020780976_86279116710USA__c_KID__trackingid:509x1050682214&cm_mmc=Google_SH_PLA_Electrics_-GS_Electrics_PLA_Cuisinart_-293719126287_-pg1050682214_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1_KID_EMPTY_1546922783_61770712547_293719126287_pla-512020780976_86279116710USA__KID__&trackingid:509x1050682214&gclid=EAIaI QobChMI677z942q3gIVk15-Ch1JRgosEAYAYABEGJv3vD_BwE

229.	Cuisinart CPK-17 PerfecTemp 1.7L Electric Kettle							
1.00 EA	124.99	10.78	135.77	2/10 yrs	Avg.	20%	(25.00)	110.77

Orig. Desc. - Cuisinart, Electric kettle

Purchased From: Macy's

https://www.macys.com/shop/product/cuisinart-cpk-17-perfecttemp-1.7l-electric-kettle?ID=462242&pla_country=US&CAGPSPN=pla&CAWEL AID=12015634000043349&CAAGID=61770717747&CATCI=pla-512020770456&lsft=cm_mmc:Google_SH_PLA_Cookware_-GS_Cookware_PLA_Cuisinart_293719126719_-pg1050671840_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1_KID_977_1546922786_61770717747_2937 19126719_pla-512020770456_86279029430USA__c_KID__trackingid:509x1050671840&cm_mmc=Google_SH_PLA_Cookware_-GS_Cookware _PLA_Cuisinart_-293719126719_-pg1050671840_c_kclickid_bb4ad90c-50b8-4de7-bdcc-600c7153c8b1_KID_EMPTY_1546922786_617707177 47_293719126719_pla-512020770456_86279029430USA__KID__&trackingid:509x1050671840&gclid=EAIaI QobChMI57KM_I2q3gIVD9RkCh2 vHgpiEAQYAiABEGLXpvd_BwE

230.	Cuisinart 15-Piece Pro Knife Block Set							
1.00 EA	129.99	11.21	141.20	3/20 yrs	Avg.	15%	(19.50)	121.70

Orig. Desc. - Cuisinart, Stainless 15 pcs cutlery set

ENRIQUE GALVEZ

10/29/2018

Page: 39



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CONTINUED - Storage kitchen

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Purchased From: Macy's								
https://www.crateandbarrel.com/cuisinart-15-piece-pro-knife-block-set/s393660?localedetail=US&a=1552&campaignid=622767084&adgroupid=28469965136&targetid=aud-477838469452:pla-316709769739&pla_sku=393660&pcat=HSW&ag=adult&scid=scplp393660&sc_intid=393660&gclid=EAIaIQobChMIhrCokZSs3gIViPhkCh2QBQyvEAQYASABEGlD2fD_BwE&gclsrc=aw.ds Cuisinart® 15-Piece Pro Knife Block Set								
231.	Cuisinart CPT-180 4-Slice Metal Classic Toaster - Brushed Stainless							
1.00 EA	54.99	4.74	59.73	3/10 yrs	Avg.	30%	(16.50)	43.23
Orig. Desc. - Cu, 4-slice toaster								
Purchased From: Macy's								
https://www.walmart.com/ip/Cuisinart-Metal-Classic-4-Slice-Toaster/26140347								
232.	Cuisinart Belgian Waffle Maker Round, Stainless Steel							
1.00 EA	45.75	3.95	49.70	5/10 yrs	Avg.	50%	(22.88)	26.82
Orig. Desc. - Cuisinart, Round Belgium waffle mkr								
Purchased From: Macy's								
https://www.walmart.com/ip/Cuisinart-Belgian-Waffle-Maker-Round-Stainless-Steel/143351605?wmlspartner=wlpa&selectedSellerId=1172&adid=22222222227044294539&w10=&w11=g&w12=c&w13=108209952557&w14=pla-302667485597&w15=9030106&w16=&w17=&w18=&w19=pla&w110=8453398&w111=online&w112=143351605&w113=&veh=sem&gclid=EAIaIQobChMI1qKDxZCq3gIVAcJkCh18qwsNEAQYAiABEGlMcvD_BwE								
233.	Breville The Barista Express BES870XL Espresso Machine in Stainless Steel							
1.00 EA	599.99	51.75	651.74	3/10 yrs	Avg.	30%	(180.00)	471.74
Orig. Desc. - Breville, Barista express espresso maker								
Purchased From: Macy's								
https://www.bedbathandbeyond.com/store/product/breville-reg-the-barista-express-trade-espresso-machine/3244573?skuId=41867396&mcid=PS_googlepla_nonbrand_coffeetea_online&product_id=41867396&adtype=pla&product_channel=online&adpos=1o2&creative=224233276482&device=c&matchtype=&network=g&mrkgadid=2993779500&mrkgcl=609&rkq_id=0&gclid=EAIaIQobChMI_MPVio6q3gIVjdlkCh08Ig0yEAYYAABEGlBofD_BwE&gclsrc=aw.ds								
234.	Calphalon 6-qt. Stainless Steel Pressure Cooker							
4.00 EA	199.99	69.00	868.96	3/10 yrs	Above Avg.	18%	(143.99)	724.97
Orig. Desc. - Calphalon, Pressure cooker								
Purchased From: Kohl's								
https://www.kohls.com/product/prd-1811544/calphalon-6-qt-stainless-steel-pressure-cooker.jsp?skuid=95519650&ci_mcc=ci&utm_campaign=COOKWARE&utm_medium=CSE&utm_source=google&utm_product=95519650&CID=shopping15&utm_campaignid=196835012&pid=googleleadwds_int&af_channel=CSE&gclid=EAIaIQobChMI9pzezpCq3gIVB9RkCh0L9AkoEAYYASABEGl8KPD_BwE&gclsrc=aw.ds								
235.	King Kooker 12" Turkey Fryer Package with 29 Quart Pot							
1.00 EA	59.99	5.17	65.16	2/10 yrs	Above Avg.	12%	(7.20)	57.96
Orig. Desc. - King kooker, Turkey fryers								
Purchased From: Sams club								

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CONTINUED - Storage kitchen

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.dickssportinggoods.com/p/king-kooker-12-turkey-fryer-package-with-29-quart-pot-18kkou29qtrkyfrycfp/18kkou29qtrkyfrycfp?camp=CSE:DSG_pg1052047576_eom_PLA_452&gclid=EAIaIQobChMIw-PlmKaQ3gIVIGB-Ch0VogPbEAQYASABEgKgH_D_BwE 236. Hamilton Beach Digital Simplicity Rice Cooker and Steamer								
1.00 EA	49.99	4.31	54.30	3/10 yrs	Above Avg.	18%	(9.00)	45.30
Orig. Desc. - Hamilton Beach, Rice cooker								
Purchased From: Sams club								
https://www.bedbathandbeyond.com/store/product/hamilton-beach-reg-digital-simplicity-trade-rice-cooker-and-steamer/1040525822?skuId=40525822&mcid=PS_googlepla_nonbrand_kitchenlectrics_online&product_id=40525822&adtype=pla&product_channel=online&adpos=1o1&creative=224271656876&device=c&matchtype=&network=g&mrkgadid=558402050&mrkgcl=609&rkg_id=0&gclid=EAIaIQobChMIguzl0pCq3gIVgYd-Ch0lxAQVEAQYASABEgIDjFD_BwE&gclsrc=aw.ds 237. Bayou Classic Aluminum Stockpot with Basket								
3.00 EA	135.97	35.18	443.09	1/10 yrs	Above Avg.	6%	(24.47)	418.62
Orig. Desc. - Bayou, Extra large stainless steel pot								
Purchased From: Lowe's								
https://www.hayneedle.com/product/bayouclassicalaluminumlstockpotwithbasket160qt.cfm								
Totals: Storage kitchen		623.38	7,850.79				962.12	6,888.67

Storage living room

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
238. CEPELLA LEFT SEATED SECTIONAL								
1.00 EA	1,999.00	172.41	2,171.41	2/10 yrs	Above Avg.	12%	(239.88)	1,931.53
Orig. Desc. - Cepella, Leather sectional								
Purchased From:								
https://scandinaviandesigns.com/products/cepella-left-seated-sectional?variant=3068424224808&utm_campaign=gs-2018-08-31&utm_source=google&utm_medium=smart_campaign&gclid=EAIaIQobChMI_Nr_25Cq3gIVl8pkCh3ikQqXEAQYASABEgLQH_D_BwE 239. ROLF LEATHER CHAIR								
1.00 EA	1,099.00	94.79	1,193.79	0.5/NA	New	0%	(0.00)	1,193.79
Orig. Desc. - Rolf, Leather chair								
Purchased From: Scandinavian Designs								
https://scandinaviandesigns.com/products/rolf-leather-chair?variant=12119703879770?variant=12119703879770 240. Aged Gray Corner Curio Cabinet - Delia								
1.00 EA	799.99	69.00	868.99	2/20 yrs	Above Avg.	6%	(48.00)	820.99
Orig. Desc. - Eden House, Curio cabinet								
Purchased From: RC Willey								

ENRIQUE_GALVEZ

10/29/2018

Page: 41



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CONTINUED - Storage living room

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.rcwiley.com/Furniture/Home-Decor/Curios-Chinas/110938844/Aged-Gray-Corner-Curio-Cabinet---Delia-View.jsp									
241. Persian Hand-Knotted 5'6"x8'6" Gray Rug	1.00	EA	699.95	60.37	760.32	4/10 yrs	Avg.	40%	(279.98) 480.34
Orig. Desc. - Pier 1 Imports, Persian Rug									
Purchased From: Pier 1 Imports									
https://www.pier1.com/persian-hand-knotted-gray-rug/PS144556.html?st=persian%20rug									
242. LORRAINE TUFTED STORAGE BENCH	1.00	EA	799.00	68.91	867.91	2/10 yrs	Above Avg.	12%	(95.88) 772.03
Orig. Desc. - Lorraine, Upholstered Storage Bench									
Purchased From: Pottery Barn									
https://www.potterybarn.com/products/lorraine-storage-bench/?pkey=e%7Clorraine%2Bupholstered%2Bstorage%2Bbench%7C1%7Cbest%7C0%7Cviewall%7C48%7C%7C1&cm_src=PRODUCTSEARCH									
243. BRANFORD NIGHTSTAND	2.00	EA	649.00	111.95	1,409.95	2/20 yrs	Above Avg.	6%	(77.88) 1,332.07
Orig. Desc. - Branford, Night stands									
Purchased From: Pottery Barn									
https://www.potterybarn.com/products/branford-wood-bedside-table/?pkey=e%7Cbranford%2Bnight%2Bstands%7C1%7Cbest%7C0%7Cviewall%7C48%7C%7C1&sku=1233808&group=1&cm_src=PRODUCTSEARCH									
244. GRIFFIN RECLAIMED WOOD CONSOLE TABLE	1.00	EA	1,099.00	94.79	1,193.79	3/20 yrs	Above Avg.	9%	(98.91) 1,094.88
Orig. Desc. - Griffin, Console table									
Purchased From: Pottery Barn									
https://www.potterybarn.com/products/griffin-metal-wood-slab-console-table/?pkey=e%7Cgriffin%2Bconsole%7C108%7Cbest%7C0%7Cviewall%7C48%7C%7C1&cm_src=PRODUCTSEARCH									
245. REGOLIT Floor lamp with LED bulb, white, black	2.00	EA	59.99	10.35	130.33	2/10 yrs	Above Avg.	12%	(14.40) 115.93
Orig. Desc. - Nyame, Floor lamps									
Purchased From: IKEA									
https://www.ikea.com/us/en/catalog/products/60416275/									
246. Blu ray DVD movies	50.00	EA	15.00	64.69	814.69	5/1 yrs	Avg.	80% [M]	(600.00) 214.69
Priced per average bluray movie cost									
Purchased From: , Method (Check, Charge, Cash, Gift):									
247. HP - 15.6" Touch-Screen Laptop - Intel Core i3 - 8GB Memory - 128GB Solid State Drive - HP Finish In Natural Silver	2.00	EA	399.99	69.00	868.98	3/4.5 yrs	Avg.	66.67%	(533.32) 335.66
Orig. Desc. - Compaq, laptop									
Purchased From:									

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10/29/2018

Page: 42



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CONTINUED - Storage living room

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.bestbuy.com/site/hp-15-6-touch-screen-laptop-intel-core-i3-8gb-memory-128gb-solid-state-drive-hp-finish-in-natural-silver/6240849.p?skuId=6240849								
248. LOGAN SMALL MEDIA SUITE								
1.00	EA	3,095.00	266.94	3,361.94	4/20 yrs	Above Avg.	12%	(371.40) 2,990.54
Orig. Desc. - Logan, Media suite w/ cabin doors and glass								
Purchased From: Pottery barn								
https://www.potterybarn.com/products/logan-media-tv-storage-cabinet-suite-small/?pkey=e%7Clogan%2Bmedia%2Bsuite%7C136%7Cbest%7C0%7Cviewall%7C48%7C%7C1&cm_src=PRODUCTSEARCH								
249. WINDHAM Vase								
1.00	EA	180.00	15.53	195.53	4/10 yrs	Above Avg.	24%	(43.20) 152.33
Orig. Desc. - Tiffany & co, Glass vase								
Purchased From: Tiffany, Method (Check, Charge, Cash, Gift): Gift								
https://www.tiffany.com/jewelry/items/windham-vase-35539816?fromGrid=1&origin=browse&trackpdp=bg&fromcid=297638&trackgridpos=8								
250. Emmett Antique Brass Taper Candle Holder 14.5"								
1.00	EA	26.95	2.32	29.27	3/10 yrs	Above Avg.	18%	(4.85) 24.42
Orig. Desc. - Brass candle holder								
Purchased From: Crate & Barrel								
https://www.crateandbarrel.com/emmett-antique-brass-taper-candle-holder-14.5/s593954								
251. Axiom Brass Sconce								
1.00	EA	129.00	11.13	140.13	2/10 yrs	Below Avg.	28%	(36.12) 104.01
Orig. Desc. - Wall candle holder								
Purchased From: Crate & Barrel								
https://www.crateandbarrel.com/axiom-brass-sconce/s340387								
252. HK 3700 Harman Kardon HK 3700 stereo receiver								
1.00	EA	349.95	30.18	380.13	4/10 yrs	Above Avg.	24%	(83.99) 296.14
Orig. Desc. - Harman kardon, Stereo receiver								
Purchased From: Frys electronics								
https://www.harmankardon.com/HK3700AM.html?mrkgcl=740&mrkgadid=3296124499&utm_campaign=GSC%7CBrand%7CNo+Products&utm_source=Google&utm_medium=paid-search&utm_term=459822005657_brand_harman_kardon_product_type_components_product_type_audio_vid&product_id=HK3700AM&utm_content=Shopping+Brand+No+Product&adpos=1o2&creative=289294975661&device=c&matchtype=&network=g&gclid=EAIaIQobChMI7Jbf26Gq3gIVg5F-Ch3ZxQ-TEAQYAIAABEgIEU_D_BwE								
253. Corner Display Rustic Cherry Finish Grandfather Clock 611252 Celine								
1.00	EA	2,279.00	196.56	2,475.56	10/20 yrs	Avg.	50%	(1,139.50) 1,336.06
Orig. Desc. - Howard Miller, Grandfather clock								
Purchased From:								
https://www.howardmillerusa.com/grandfather-clocks/traditional-grandfather-clocks/corner-display-rustic-cherry-finish-grandfather-clock-611252-celine.html								



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CONTINUED - Storage living room

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Totals: Storage living room		1,338.92	16,862.72				3,667.31	13,195.41

Storage family room

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
254. MEGALO POWER SECTIONAL								
1.00 EA	4,299.00	370.79	4,669.79	1/10 yrs	Above Avg.	6%	(257.94)	4,411.85
Orig. Desc. - Megalo, Leather sectional								
Purchased From: Scandinavian Designs								
https://scandinaviandesigns.com/products/megalo-motion-sectional?variant=3068708225064								
255. JUNEAU COFFEE TABLE								
2.00 EA	399.00	68.83	866.83	1/20 yrs	Above Avg.	3%	(23.94)	842.89
Orig. Desc. - Juneau, Coffee table								
Purchased From: Scandinavian Designs								
https://scandinaviandesigns.com/products/juneau-coffee-table?variant=3068453257256?variant=312153178152								
256. Acoustimass 10 Series V home theater speaker system								
1.00 EA	999.95	86.25	1,086.20	3/10 yrs	Avg.	30%	(299.99)	786.21
Orig. Desc. - Bose, Bose Surround Sound								
Purchased From: Bose								
https://www.bose.com/en_us/products/speakers/home_theater/acoustimass-10-speaker-system.html#v=am10_v_black								
257. JBL Stage A170								
2.00 EA	299.95	51.74	651.64	1/10 yrs	Avg.	10%	(59.99)	591.65
Purchased From:								
https://www.jbl.com/loudspeakers/STAGE+A170.html?cgid=loudspeakers&dwvar_STAGE%20A170_color=Black-GLOBAL-Current#start=1								
Orig. Desc. - JBL, JBL loudspeakers								
258. Xbox One S Battlefield V Bundle (1TB)								
1.00 EA	299.00	25.79	324.79	3/5 yrs	Avg.	60%	(179.40)	145.39
Orig. Desc. - Microsoft, Xbox one video bundle								
Purchased From: Best Buy								
https://www.xbox.com/en-us/xbox-one/consoles/xbox-one-s/battlefield-v-1tb								
259. Microsoft, Video game xbox								
7.00 EA	34.99	21.13	266.06	2/5 yrs	Avg.	40%	(97.97)	168.09
Purchased From:								
Priced per average Microsoft Xbox One video game cost								
260. Easton Reclina-Rocker Recliner w/ Two-Motor Massage & Heat								
1.00 EA	1,069.00	92.20	1,161.20	3/10 yrs	Above Avg.	18%	(192.42)	968.78

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10/29/2018

Page: 44



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CONTINUED - Storage family room

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - La z boy, Recliner w/massage & heat								
Purchased From: Laz boy								
https://www.la-z-boy.com/p/recliners/easton-reclina-rocker-recliner-w-two-motor-massage--heat/_/R-01M702								
261. Sony PlayStation 4, 500GB Slim System [CUH-2215AB01], Black, 3003347								
1.00 EA	269.00	23.20	292.20	2/5 yrs	Avg.	40%	(107.60)	184.60
Orig. Desc. - Sony, PlayStation 4								
Purchased From: Target								
https://www.walmart.com/ip/Sony-PlayStation-4-500GB-Slim-System-CUH-2215AB01-Black-3003347/406966077								
262. Sony, PlayStation games								
10.00 EA	39.99	34.49	434.39	2/5 yrs	Avg.	40%	(159.96)	274.43
Purchased From: Walmart								
Priced per average Sony Playstation video game cost								
263. Samsung - 65" Class - LED - NU6900 Series - 2160p - Smart - 4K UHD TV with HDR								
1.00 EA	799.99	69.00	868.99	2/10 yrs	Above Avg.	12%	(96.00)	772.99
Orig. Desc. - Samsung, 65" LED smart tv								
Purchased From: Best buy								
https://www.bestbuy.com/site/samsung-65-class-led-nu6900-series-2160p-smart-4k-uhd-tv-with-hdr/6268405.p?skuId=6268405								
264. TCL 55" Class 4K (2160P) HDR Roku Smart LED TV (55S401)								
1.00 EA	378.00	32.60	410.60	3/10 yrs	Above Avg.	18%	(68.04)	342.56
Purchased From:								
https://www.walmart.com/ip/TCL-55-Class-4K-2160P-HDR-Roku-Smart-LED-TV-55S401/861683284								
Orig. Desc. - Roku, 55" tv smart roku								
265. 3-Piece Arden Mirrored Stainless Steel Taper Candle Holder Set								
1.00 EA	149.95	12.93	162.88	4/10 yrs	Above Avg.	24%	(35.99)	126.89
Orig. Desc. - Stainless steel candle holder set								
Purchased From: Crate and barrel, Method (Check, Charge, Cash, Gift): Gift								
https://www.crateandbarrel.com/3-piece-arden-mirrored-stainless-steel-taper-candle-holder-set/s214523?st=Stainless%20steel%20candle%20holder%20set								
266. Papel Print								
1.00 EA	0.00	0.00	0.00	4/NA	Above Avg.	0%	(0.00)	0.00
Purchased From: William Sonoma								
We need more information to price items accurately								
267. 36" Customizable Wood Shelf and Brackets, Grey Oak								
1.00 EA	150.00	12.94	162.94	2/10 yrs	Above Avg.	12%	(18.00)	144.94
Orig. Desc. - Wood shelf and bracket								
Purchased From: William Sonoma								



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CONTINUED - Storage family room

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.williams-sonoma.com/products/burl-wood-shelf/?pkey=e%7Cwood%2Bshelf%7C7%7Cbest%7C0%7Cviewall%7C24%7C%7C4&cm_src=PRODUCTSEARCH								
268.	Jeffrey Conley Photography, Ranunculus 1							
1.00	EA	895.00	77.19	972.19	4/10 yrs	Avg.	40%	(358.00) 614.19
Orig. Desc. - Jeffrey Conley photography								
Purchased From: William Sonoma								
https://www.williams-sonoma.com/products/jeffrey-conley-photography/?pkey=e%7Cjeffrey%2Bconley%7C2%7Cbest%7C0%7Cviewall%7C24%7C%7C2&sku=5741702&group=1&cm_src=PRODUCTSEARCH								
269.	10.5ft Prelit Artificial Christmas Tree Douglas Fir Clear Lights Full - Wondershop							
1.00	EA	500.00	43.13	543.13	3/10 yrs	Avg.	30%	(150.00) 393.13
Orig. Desc. - Sears, 10.5 ft artifical Christmas tree Douglas fir								
Purchased From: Sears								
10.5ft Prelit Artificial Christmas Tree Douglas Fir Clear Lights Full - Wondershop								
270.	No. 2 Pencil Glass Ornament By Ashland							
100.00	EA	7.00	60.38	760.38	10/10 yrs	Avg.	80% [M]	(560.00) 200.38
https://www.michaels.com/no.-2-pencil-glass-ornament-by-ashland/10563698.html								
Purchased From:								
Orig. Desc. - Sears, Christmas ornaments								
271.	Philips 60ct Christmas LED Smooth Mini String Lights Cool White GW							
100.00	EA	9.99	86.16	1,085.16	6/10 yrs	Avg.	60%	(599.40) 485.76
Orig. Desc. - Sears, Christmas decorations								
Purchased From: Sears, Macy's ; Christmas stores								
https://www.target.com/p/philips-60ct-christmas-led-smooth-mini-string-lights-cool-white-gw/-/A-50838990								
272.	CAVS SA-F1002 TABLE TOP KARAOKE SYSTEM							
1.00	EA	1,899.00	163.79	2,062.79	4/10 yrs	Above Avg.	24%	(455.76) 1,607.03
Orig. Desc. - CAVS, Karaoke machine computer system								
Purchased From:								
http://www.cavsusa.com/sa-f1002.php								
Totals: Storage family room		1,332.54	16,782.16				3,720.40	13,061.76

Storage garage

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
273.	DEWALT 20-Volt MAX Lithium-Ion Cordless Combo Kit (6-Tool) with (2) Batteries 2Ah, Charger and Tool Bag							
1.00	EA	629.00	54.25	683.25	3/20 yrs	Avg.	15%	(94.35) 588.90
ENRIQUE_GALVEZ							10/29/2018	Page: 46



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CONTINUED - Storage garage

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - DeWalt, 6 tool cordless combo kit								
Purchased From:								
https://www.homedepot.com/p/DEWALT-20-Volt-MAX-Lithium-Ion-Cordless-Combo-Kit-6-Tool-with-2-Batteries-2Ah-Charger-and-Tool-Bag-DCK620D2/300937285								
274.	DEWALT 10-in Carbide-tipped 15-Amp Table Saw							
1.00	EA	349.00	30.10	379.10	4/20 yrs	Avg.	20%	(69.80) 309.30
Orig. Desc. - DeWalt, Table saw								
Purchased From:								
https://www.lowes.com/pd/DEWALT-10-in-Carbide-tipped-15-Amp-Table-Saw/1000465645?cm_mmc=SCE_PLA--ToolsAndHardware--MiterAndTableSaws--1000465645:DEWALT&CAWELAID=&kpid=1000465645&CAGSPN=pla&store_code=2604&k_clickID=go_625706834_34613745310_111132553510_aud-449333924337:pla-261169297348_c_9031997&gclid=EAIaIQobChMikJKV2oKs3gIVDsZkCh0nWwC0EAQYAiABEGKqjFD_BwE								
275.	DEWALT FLEXVOLT 60-Volt MAX Lithium-Ion Cordless Brushless 16 in. Chainsaw with 3Ah Battery and Charger Included							
1.00	EA	349.99	30.19	380.18	3/10 yrs	Avg.	30%	(105.00) 275.18
Orig. Desc. - DeWalt, Chain saw electric								
Purchased From: Lowe's								
https://www.homedepot.com/p/DEWALT-FLEXVOLT-60-Volt-MAX-Lithium-Ion-Cordless-Brushless-16-in-Chainsaw-with-3Ah-Battery-and-Charger-Included-DCCS670X1/301326323								
276.	DEWALT 90 MPH 400 CFM 20-Volt MAX Lithium-Ion Cordless Handheld Leaf Blower with 5.0Ah Battery and Charger Included							
1.00	EA	179.00	15.44	194.44	3/10 yrs	Above Avg.	18%	(32.22) 162.22
Orig. Desc. - DeWalt, Hand held leave blower electric								
Purchased From:								
https://www.homedepot.com/p/DEWALT-90-MPH-400-CFM-20-Volt-MAX-Lithium-Ion-Cordless-Handheld-Leaf-Blower-with-5-0Ah-Battery-and-Charger-Included-DCBL720P1/205878780								
277.	Newage Products Bold 3.0 Series 7 PC Set 50421							
1.00	EA	1,149.99	99.19	1,249.18	2/20 yrs	Above Avg.	6%	(69.00) 1,180.18
Orig. Desc. - New age products, Garage storage system								
Purchased From: Lowe's								
https://www.garagedepartment.com/products/newage-products-bold-3-0-series-7-pc-set-50421?variant=12247671406679&gclid=EAIaIQobChMIIsbiFnIKs3gIVgWh-Ch1_Nw9wEAYYBCABEGK-2PD_BwE								
278.	CENTRAL PNEUMATIC 21 gal. 2.5 HP 125 PSI Cast Iron Vertical Air Compressor							
1.00	EA	174.99	15.09	190.08	3/20 yrs	Above Avg.	9%	(15.75) 174.33
Orig. Desc. - Central pneumatic, Air compressor								
Purchased From: Harbor freight								
https://www.harborfreight.com/21-gal-25-hp-125-psi-cast-iron-vertical-air-compressor-61454.html								
279.	PREDATOR 2500 PSI, 2.4 GPM, 4 HP (160cc) Pressure Washer EPA/CARB							
1.00	EA	289.99	25.01	315.00	4/20 yrs	Above Avg.	12%	(34.80) 280.20

ENRIQUE_GALVEZ

10/29/2018

Page: 47



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CONTINUED - Storage garage

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - Predator, Pressure washer								
Purchased From: Harbor freight								
https://www.harborfreight.com/2500-psi-24-gpm-4-hp-160cc-pressure-washer-epacarb-62201.html								
280. Klutch Mechanic's Tool Set — 305-Pc., 1/4in.-, 3/8in.- and 1/2in.-Drive, SAE and Metric								
1.00 EA	299.99	25.87	325.86	1/20 yrs	Above Avg.	3%	(9.00)	316.86
Orig. Desc. - Klutch, 301 pc mechanic tools								
Method (Check, Charge, Cash, Gift): Gift								
https://www.northerntool.com/shop/tools/product_200624105_200624105								
281. Bauer 20V Hypermax Lithium 1/2 in. Impact Wrench - Tool Only								
1.00 EA	119.99	10.35	130.34	1/20 yrs	Above Avg.	3%	(3.60)	126.74
Orig. Desc. - Bauer, Impact wrench								
Purchased From: Harbor freight								
https://www.harborfreight.com/20v-hypermax-lithium-12-in-impact-wrench-tool-only-63629.html								
282. Viking, Jump starter and power pack								
1.00 EA	0.00	0.00	0.00	2/NA	Above Avg.	0%	(0.00)	0.00
Purchased From: Harbor freight								
Forwarded to adjuster to confirm coverage c (auto/vehicle)								
283. Grainger, Combo wrench set metric								
1.00 EA	0.00	0.00	0.00	2/NA	Above Avg.	0%	(0.00)	0.00
Purchased From:								
We need more information to price items accurately: details & number of pieces								
284. Tag Springfield III Printed 5-Pc. Luggage Set,								
1.00 EA	200.00	17.25	217.25	2/20 yrs	Above Avg.	6%	(12.00)	205.25
Orig. Desc. - Tag Springfield, Luggage set								
Purchased From: Macys								
https://www.macys.com/shop/product/tag-springfield-iii-printed-5-pc.-luggage-set-created-for-macys?ID=4275417&pla_country=US&CAGPSPN=pla&CAWELAID=120156340012145165&CAAGID=61770706707&CATCI=pla-513959441403&lsft=cm_mmc=Google_SH_PLA_Luggage-e_-GS_Luggage_PLA_Tag293719125825_-pg1050682098_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_977_1546922777_61770706707_293719125825_pla-513959441403_618842340125USA_c_KID_trackingid:509x1050682098&cm_mmc=Google_SH_PLA_Luggage_-GS_Luggage_PLA_Tag_-293719125825_-pg1050682098_c_kclickid_4f433054-4aba-426d-aa7d-154cf1c055af_KID_EMPTY_1546922777_61770706707_293719125825_pla-513959441403_618842340125USA_KID_trackingid:509x1050682098&gclid=EAIaIQobChMIqOPd1IWz3gIVz2B-C h3K4gP9EAYYASABEgK7H_D_BwE								
Springfield III Printed 5-Pc. Luggage Set,								
285. Craftsman, Drill bit 300 pc								
1.00 EA	26.00	2.24	28.24	2/20 yrs	Above Avg.	6%	(1.56)	26.68
Purchased From: Sears								
Validated price and price is in line with current market values.								
286. Craftsman 26" 4-Drawer Heavy-Duty Rolling Cabinet - Red								
1.00 EA	174.99	15.09	190.08	2/20 yrs	Above Avg.	6%	(10.50)	179.58

ENRIQUE_GALVEZ

10/29/2018

Page: 48



CSAA Insurance Exchange

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CONTINUED - Storage garage

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - Craftsman, 4 drawer rolling cabinet								
Purchased From: Sears								
https://www.sears.com/26-in-4-drawer-heavy-duty-ball-bearing/p-00903771000P?sid=IDx01192011x000001x1577015425&utm_campaign=9031997&utm_group=65245217891-296280942935&utm_term=pla-526398962560&gclid=EAIaIQobChMIrOOskYes3gIVIKDsCh3Hjw4xEAQYASABEgJmGfD_BwE								
287. Craftsman 9 gal. Corded Wet/Dry Vacuum 8.2 amps 120 volts Red 16.1 lb. 3.5 hp 1 pc.								
1.00 EA	69.99	6.04	76.03	2/20 yrs	Above Avg.	6%	(4.20)	71.83
Orig. Desc. - Craftsman, Wet/dry vac								
Purchased From: Sears								
https://www.acehardware.com/departments/tools/wet-dry-vacuums/wetdry-vacuums/2295673?x429=true								
288. Craftsman 299 pc. Ultimate Easy Read Socket Set								
1.00 EA	299.99	25.87	325.86	3/20 yrs	Above Avg.	9%	(27.00)	298.86
Orig. Desc. - Craftsman, Socket set								
Purchased From:								
https://www.sears.com/craftsman-299-piece-ultimate-easy-read-socket-set/p-00935299000P?sid=IDx01192011x000001x1596297757&utm_campaign=9031997&utm_group=58806246605-302441350026&utm_term=pla-456474438953&gclid=EAIaIQobChMIxfKRlIas3gIVgX5-Ch3zjQAHEAQYAyABEGlaZfD_BwE								
289. Makita 18-Volt 2.0Ah LXT Lithium-Ion Sub-Compact Brushless Cordless 1/2 in. Hammer Driver Drill Kit								
1.00 EA	189.00	16.30	205.30	3/20 yrs	Above Avg.	9%	(17.01)	188.29
Orig. Desc. - Makita, Sub compact drill								
Purchased From: Home Depot								
https://www.homedepot.com/p/Makita-18-Volt-2-0Ah-LXT-Lithium-Ion-Sub-Compact-Brushless-Cordless-1-2-in-Hammer-Driver-Drill-Kit-XP11RB/301996290								
290. Makita 10.5 Amp 7-1/4 in. Corded Circular Saw								
1.00 EA	92.99	8.02	101.01	1/20 yrs	Above Avg.	3%	(2.79)	98.22
Orig. Desc. - Makita, Circular saw								
Purchased From: Home Depot								
https://www.homedepot.com/p/Makita-10-5-Amp-7-1-4-in-Corded-Circular-Saw-HS7600/206041884?cm_mmc=Shopping%7CG%7CBase%7CD25T%7C25-9_PORTABLE+POWER%7CNA%7CPLA%7c71700000034127218%7c58700003933021540%7c92700031755124700&gclid=EAIaIQobChMIgIrCqZOs3gIVl_hkChOstgyyEAQYAiABEGKE9fD_BwE&gclsrc=aw.ds								
291. Makita 2 in. x 18-Gauge Brad Nailer								
1.00 EA	82.39	7.11	89.50	2/20 yrs	Above Avg.	6%	(4.94)	84.56
Orig. Desc. - Makita, Brad nailer								
Purchased From: Home Depot								
https://www.homedepot.com/p/Makita-2-in-x-18-Gauge-Brad-Nailer-AF505N/205311487								
292. Makita 13 Amp 10 in. Slide Compound Miter Saw								
1.00 EA	375.96	32.43	408.39	2/20 yrs	Above Avg.	6%	(22.56)	385.83

ENRIQUE_GALVEZ

10/29/2018

Page: 49



CSAA Insurance Exchange

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CONTINUED - Storage garage

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Orig. Desc. - Makita, Miter saw									
Purchased From: Home Depot									
https://www.homedepot.com/p/Makita-13-Amp-10-in-Slide-Compound-Miter-Saw-LS1018/205208067									
293. MK Diamond Products 10-in 1.5-HP Wet Sliding Table Tile Saw									
	1.00 EA	1,686.67	145.48	1,832.15	3/20 yrs	Above Avg.	9%	(151.80)	1,680.35
Orig. Desc. - Mk diamond, Wet tile saw 10 in									
Purchased From: Lowes									
https://www.lowes.com/pd/MK-Diamond-Products-10-in-1-5-HP-Wet-Sliding-Table-Tile-Saw/3638102?cm_mmc=SCE_PLA_ONLY--ToolsAndHardware--SosBenchTopStationaryTools--3638102:MK_Diamond_Products&CAWELAID=&kpid=3638102&CAGSPN=pla&k_clickID=go_625664149_34614290590_111133302310_pla-436499242017_c_9030106&gclid=EAJalQobChMIy8nvvaq3gIVkK_sCh3K0ASLEAQYASABEgIjyfD_BwE									
294. Kobalt 7-in Wet/Dry Continuous Diamond Saw Blade									
	1.00 EA	33.48	2.89	36.37	1/20 yrs	Above Avg.	3%	(1.00)	35.37
Orig. Desc. - Diamond, Saw blade									
Purchased From: Lowe's									
https://www.lowes.com/pd/Kobalt-7-in-Wet-Dry-Continuous-Diamond-Saw-Blade/3151525									
295. Werner D1500 Aluminum 8-ft Type 1A - 300 lbs. Capacity Straight Ladder									
	2.00 EA	86.22	14.87	187.31	3/20 yrs	Avg.	15%	(25.87)	161.44
Orig. Desc. - Werner, 8 ft ladder									
Purchased From: Lowe's									
https://www.lowes.com/pd/Werner-D1500-Aluminum-8-ft-Type-1A-300-lbs-Capacity-Straight-Ladder/999921952?cm_mmc=SCE_PLA_ONLY--LumberAndBuildingMaterials--SosLadders--999921952:Werner&CAWELAID=&kpid=999921952&CAGSPN=pla&k_clickID=go_625849125_34614215350_111133224190_aud-449333924337:pla-259315405882_c_9031997&gclid=EAJalQobChMIit7_2pKs3gIVFtVvKCh3T1AnIEAQYCyABEGKPwID_BwE									
296. Lion sport, Rims and tires set of 4									
	1.00 EA	0.00	0.00	0.00	3/NA	Above Avg.	0%	(0.00)	0.00
Purchased From:									
We need more information to price items accurately: model, size, specs, vehicle									
297. Tepi, Natural throw									
	1.00 EA	39.00	3.36	42.36	1/10 yrs	Above Avg.	6%	(2.34)	40.02
Purchased From: William Sonoma									
Validated price and price is in line with current market values.									
298. Kenneth Cole Reaction Reverb 3-Piece 20in/25in/29in Expandable Hardside Spinner Luggage Set by Kenneth Cole Reaction									
	1.00 EA	199.99	17.25	217.24	2/20 yrs	Above Avg.	6%	(12.00)	205.24
Orig. Desc. - Kenneth Cole, Luggage set 3 piece									
Purchased From: Macy's									
https://www.overstock.com/Luggage-Bags/Kenneth-Cole-Reaction-Reverb-3-Piece-20in-25in-29in-Expandable-Hardside-Spinner-Luggage-Set/13344295/product.html?refccid=NR3JU77XKC323ESBV7EQECXINE&searchidx=1									

ENRIQUE_GALVEZ

10/29/2018

Page: 50



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CONTINUED - Storage garage

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
299. NEMO Wagontop 8P Tent									
	1.00 EA	749.95	64.68	814.63	3/10 yrs	Avg.	30%	(224.99)	589.64
Orig. Desc. - Nemo, 8 people tent									
Purchased From: REI									
https://www.rei.com/product/895313/nemo-wagontop-8p-tent									
300. Kelty Loveseat									
	3.00 EA	89.95	23.27	293.12	3/10 yrs	Avg.	30%	(80.96)	212.16
Orig. Desc. - Kelty, Love seat camp lounge chair									
Purchased From: REI									
https://www.backcountry.com/kelty-loveseat									
301. REI Co-op Kingdom Lounge Chair									
	3.00 EA	69.95	18.10	227.95	3/10 yrs	Avg.	30%	(62.96)	164.99
Orig. Desc. - Rei, Lounge chair									
Purchased From: REI									
https://www.rei.com/product/136448/rei-co-op-kingdom-lounge-chair									
302. Jetboil Genesis Basecamp System Camp Stove									
	1.00 EA	349.95	30.18	380.13	3/10 yrs	Avg.	30%	(104.99)	275.14
Orig. Desc. - Jetboil, Base camp system camp stove									
Purchased From: REI									
https://www.rei.com/product/100060/jetboil-genesis-basecamp-system-camp-stove									
303. The North Face Dolomite 20 Double Sleeping Bag									
	1.00 EA	159.95	13.80	173.75	2/10 yrs	Avg.	20%	(31.99)	141.76
Purchased From:									
https://www.rei.com/product/128394/the-north-face-dolomite-20-double-sleeping-bag									
Orig. Desc. - North Face, Double sleeping bag									
304. Mountain Summit Gear Deluxe Roll Top Kitchen									
	1.00 EA	119.95	10.35	130.30	5/10 yrs	Avg.	50%	(59.98)	70.32
Orig. Desc. - Mounatain summit, Deluxe top kitchen top									
Purchased From: REI									
https://www.rei.com/product/114088/mountain-summit-gear-deluxe-roll-top-kitchen									
305. GSI Outdoors Pinnacle Camper Cookset									
	1.00 EA	139.95	12.07	152.02	2/10 yrs	Avg.	20%	(27.99)	124.03
Orig. Desc. - Pinnacle, Camper cook set									
Purchased From: REI									
https://www.rei.com/product/830776/gsi-outdoors-pinnacle-camper-cookset									
306. ROADIE 20									
	2.00 EA	199.99	34.50	434.48	3/10 yrs	Avg.	30%	(119.99)	314.49
Orig. Desc. - Yeti, Cooler									



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CONTINUED - Storage garage

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Purchased From: REI								
https://www.yeti.com/hard-coolers/roadie-20-cooler/10020020000.html?country=US&currency=USD&CAWELAID=120329620000000141&CAGPSPN=pla&CAAGID=47134514833&CATCI=pla-478005499335&utm_id=google_664187722_47134514833_216007053090_pla-478005499335_c&gclid=EAIAIqobChMIp8nctYus3gIVgX5-Ch1PXQBOEAQYAABEgK_O_D_BwE								
307. GSI, Outdoor knife set								
1.00 EA	39.99	3.45	43.44	2/NA	Avg.	0%	(0.00)	43.44
Purchased From: REI								
Validated price and price is in line with current market values								
308. GSI, Kitchen camping kit								
1.00 EA	37.00	3.19	40.19	2/NA	Avg.	0%	(0.00)	40.19
Purchased From: REI								
Validated price and price is in line with current market values								
309. Quik Shade Weekender Elite 12'x12' Straight Leg Instant Canopy (144 sq. ft. coverage)								
3.00 EA	133.99	34.67	436.64	2/10 yrs	Avg.	20%	(80.39)	356.25
Orig. Desc. - Quick shade, Instant canopy								
Purchased From: Big 5								
https://www.walmart.com/ip/Quik-Shade-Weekender-Elite-12-x12-Straight-Leg-Instant-Canopy-144-sq-ft-coverage/39118689								
310. Intex Comfort Plush Queen Air Mattress with Built-In Pump								
4.00 EA	79.99	27.60	347.56	2/10 yrs	Avg.	20%	(63.99)	283.57
Orig. Desc. - INTEX, Air bed								
Purchased From: Big 5								
https://www.dickssportinggoods.com/p/intex-comfort-plush-queen-air-mattress-with-built-in-pump-17itxucmfrtplshqncsl/17itxucmfrtplshqncsl?camp=CSE:DSG_pg1052164754_ecom_PLA_452&gclid=EAIAIqobChMIyNLmY-s3gIVCnd-Ch21jw4CEAQYASABEgJIXvD_BwE								
311. Coleman Dexter Point 30° Sleeping Bag								
2.00 EA	64.99	11.21	141.19	1/10 yrs	Avg.	10%	(13.00)	128.19
Orig. Desc. - Coleman, Sleeping bags								
Purchased From: Big 5								
https://www.dickssportinggoods.com/p/coleman-dexter-point-30deg-sleeping-bag-15coludxtrpnt30rgcs/15coludxtrpnt30rgcs								
312. Head Daymaker Snowboard								
2.00 EA	299.99	51.75	651.73	1/10 yrs	Avg.	10%	(60.00)	591.73
Orig. Desc. - Day maker, Snowboards								
Purchased From: Dicks sporting goods								
https://www.snowboards.com/Head-Daymaker-Snowboard/408584P,default,pd.html								
313. Electric wheelchair								
1.00 EA	0.00	0.00	0.00	4/NA	Avg.	0%	(0.00)	0.00
Purchased From:								

We need more information to price items accurately: make, model

Please provide the original purchase invoice and replacement quote from a physician for an item of like kind and quality.

ENRIQUE_GALVEZ

10/29/2018

Page: 52

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CONTINUED - Storage garage

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
314. Rowenta Perfect Steam Station DG8520, Purple & White, Scale Collector								
1.00 EA	272.32	23.49	295.81	5/10 yrs	Avg.	50%	(136.16)	159.65
Orig. Desc. - Rowenta, Steam station								
Purchased From: JCPENNYS								
https://www.walmart.com/ip/Rowenta-Perfect-Steam-Station-DG8520-Purple-White-Scale-Collector/50272125?wmlspartner=wlpa&selectedSellerId=0&adid=222222227037929956&w10=&w11=g&w12=c&w13=98281700314&w14=pla-59290089900&w15=9030106&w16=&w17=&w18=&w19=pla&w10=8175035&w11=online&w12=50272125&w13=&veh=sem&gclid=EAIaIQobChMIJf20pKeq3gIVk8hkCh0IaAMxEAQYBSABEGKwGvD_BwE								
Totals: Storage garage		982.00	12,367.46				1,796.48	10,570.98

Storage laundry

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
315. LG Electronics 4.5 cu.ft. Ultra Large Capacity Front Load Washer with Coldwash Technology and Wi-Fi Connectivity in White + 27 in. Laundry Pedestal with Storage Drawer in White								
1.00 EA	1,148.00	99.02	1,247.02	5/10 yrs	Avg.	50%	(574.00)	673.02
Orig. Desc. - LG, Front loader washer								
Purchased From: Best buy								
https://www.homedepot.com/p/LG-Electronics-7-4-cu-ft-Ultra-Large-Capacity-Electric-Dryer-with-Sensor-Dry-and-Wi-Fi-connectivity-in-White-DLE3500W/304171746								
316. LG Electronics 7.4 cu.ft. Ultra Large Capacity Electric Dryer with Sensor Dry, and Wi-Fi connectivity in White + 27 in. Laundry Pedestal with Storage Drawer in White								
1.00 EA	1,148.00	99.02	1,247.02	5/10 yrs	Avg.	50%	(574.00)	673.02
Orig. Desc. - LG, Front loader dryer								
Purchased From: Best buy								
https://www.bestbuy.com/site/lg-steamdryer-7-4-cu-ft-10-cycle-electric-dryer-with-steam-white/8733963.p?skuId=8733963&ref=212&loc=1&ds_rl=1260669&ds_rl=1266837&ds_rl=1260669&ref=212&loc=1&ds_rl=1266837&gclid=EAIaIQobChMIgs7D-6aq3gIVio9-Ch0qnQSaEAQYAyABEGLExvD_BwE&gclsrc=aw.ds								
Totals: Storage laundry		198.04	2,494.04				1,148.00	1,346.04

Storage Yard

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
ENRIQUE_GALVEZ						10/29/2018		Page: 53



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CONTINUED - Storage Yard

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
317. Hanover Fontana 9-Piece Aluminum Rectangular Outdoor Dining Set with Glass-Top Table									
	1.00 EA	1,499.00	129.29	1,628.29	4/7 yrs	Above Avg.	34.29%	(513.94)	1,114.35
Orig. Desc. - Hanover, Outside patio set 8 chairs glass table									
Purchased From: Kmart									
https://www.homedepot.com/p/Hanover-Fontana-9-Piece-Aluminum-Rectangular-Outdoor-Dining-Set-with-Glass-Top-Table-FNTDN9PCG/301631944									
318. Crawford & Burke Teresina 19.7 in. x 29.1 in. Square Stack Stone Propane Fire Pit in Brown									
	1.00 EA	276.24	23.83	300.07	4/10 yrs	Avg.	40%	(110.50)	189.57
Orig. Desc. - Crawford & Burke, Outdoor fire pit propane gas									
Purchased From: Home depot									
https://www.homedepot.com/p/Crawford-Burke-Teresina-19-7-in-x-29-1-in-Square-Stack-Stone-Propane-Fire-Pit-in-Brown-09365FP/305057989									
319. KHO-7 OUTDOOR SPEAKER, pair									
	2.00 EA	299.00	51.58	649.58	4/10 yrs	Above Avg.	24%	(143.52)	506.06
Orig. Desc. - Klipsch, Outdoor speaker									
Purchased From: Frys electronic									
https://www.klipsch.com/products/outdoor-speakers?model=kho-7									
320. Pit Boss 820-sq in Two-tone copper and black high temperature powder coat Pellet Grill									
	1.00 EA	499.00	43.04	542.04	4/10 yrs	Avg.	40%	(199.60)	342.44
Orig. Desc. - Pit boss, BBQ grill									
Purchased From: Lowes									
https://www.lowes.com/pd/Pit-Boss-820-sq-in-Two-tone-copper-and-black-high-temperature-powder-coat-Pellet-Grill/1000266681?cm_mm=c=SCE_PLA-_SeasonalOutdoorLiving-_Grills-_1000266681:Pit_Boss&CAWELAID=&kpid=1000266681&CAGSPN=pla&store_code=1204&k_clickID=go_625671256_34614248710_111133259830_pla-66937378687_c_9030106&gclid=EAIaIQobChMIIm-DLyauq3gIVINlkCh2ztQoWEAQYAIAABEgJB-fD_BwE									
321. Weber Spirit II E-310 3-Burner Propane Gas Grill in Black									
	1.00 EA	499.00	43.04	542.04	4/10 yrs	Avg.	40%	(199.60)	342.44
Orig. Desc. - Weber, Propane gas grill									
Purchased From: Lowes									
https://www.homedepot.com/p/Weber-Spirit-II-E-310-3-Burner-Propane-Gas-Grill-in-Black-45010001/302996388									
322. Weber Spirit and Spirit II 3-Burner Gas Grill Cover									
	2.00 EA	59.99	10.35	130.33	4/10 yrs	Avg.	40%	(47.99)	82.34
Purchased From:									
https://www.homedepot.com/p/Weber-Spirit-and-Spirit-II-3-Burner-Gas-Grill-Cover-7139/303241042									
Orig. Desc. - Weber, Grill cover									
323. Kobalt 6-cu ft Steel Wheelbarrow with Flat-Free Tire(s)									
	1.00 EA	89.98	7.76	97.74	5/10 yrs	Avg.	50%	(44.99)	52.75
Orig. Desc. - Kobalt, Wheel barrow									
Purchased From: Lowes									

ENRIQUE_GALVEZ

10/29/2018

Page: 54



CSAA Insurance Exchange

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CONTINUED - Storage Yard

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.lowes.com/pd/Kobalt-6-cu-ft-Steel-Wheelbarrow-with-Flat-Free-Tire-s/1000002434?cm_mmc=SCE_PLA_-LawnGarden_-Wh eelbarrowsAndCarts_-1000002434:Kobalt&CAWELAID=&kpid=1000002434&CAGSPN=pla&store_code=1204&k_clickID=go_625853898_46 213476407_195620086529_aud-449333924337:pla-312628701289_c_9030106&gclid=EAIaIQobChMIIf60bOq3gIVkaDsCh1hEgZdEAQYASAB EgIXcPD_BwE								
324.	S'DENTE Lohme White Rectangle 7-Piece Faux Wood Sling Patio Dining Set							
1.00	EA	660.79	56.99	717.78	4/7 yrs	Avg. 57.14%	(377.59)	340.19
Orig. Desc. - S'dente, Outdoor dining set								
Purchased From: Home Depot								
https://www.homedepot.com/p/S-DENTE-Lohme-White-Rectangle-7-Piece-Faux-Wood-Sling-Patio-Dining-Set-SD7223WT/303098558								
325.	Lakeland Mills 3-Person Patio Yard Swing							
1.00	EA	399.00	34.41	433.41	4/7 yrs	Avg. 57.14%	(228.00)	205.41
Orig. Desc. - Lakeland mills, 3 person patio yard swing								
Purchased From: Home Depot								
https://www.homedepot.com/p/Lakeland-Mills-3-Person-Patio-Yard-Swing-CFU28/100195305?cm_mmc=Shopping%7CG%7CBase%7CAI-Produ cts%7CAI%7CPLA%7c71700000014585962%7c58700001236285396%7c92700010802552442&gclid=EAIaIQobChMI6jatLKq3gIVg8B kCh2DvQLDEAYYASABEgI9j_D_BwE&gclidsrc=aw.ds								
326.	Troy-Bilt TB516 EC 29-cc 4-Cycle 9-in Gas Lawn Edger							
1.00	EA	199.00	17.16	216.16	3/7 yrs	Avg. 42.86%	(85.29)	130.87
Orig. Desc. - Troy-Bilt, 4 cycle gas lawn edger								
Purchased From: Lowes								
https://www.lowes.com/pd/Troy-Bilt-TB516-EC-29-cc-4-Cycle-9-in-Gas-Lawn-Edger/3664272								
327.	Kobalt Long-handle Fiberglass Digging Shovel							
1.00	EA	26.98	2.33	29.31	3/7 yrs	Avg. 42.86%	(11.56)	17.75
Orig. Desc. - Kobalt, Fiberglass long handle digging shovel								
Purchased From: Lowes								
https://www.lowes.com/pd/Kobalt-Long-handle-Fiberglass-Digging-Shovel/1000377397?cm_mmc=SCE_PLA_-LawnGarden_-LawnAndG ardenTools_-1000377397:Kobalt&CAWELAID=&kpid=1000377397&CAGSPN=pla&store_code=1204&k_clickID=go_625853898_432475789 80_195654754225_aud-449333924337:pla-313186149970_c_9030106&gclid=EAIaIQobChMI-lzL7bKq3gIVGMNkCh1yYQChEAQYASABEgKk C_D_BwE								
328.	Stanley Pruner and Bypass Lopper Combo Pack							
1.00	EA	51.99	4.48	56.47	4/7 yrs	Avg. 57.14%	(29.71)	26.76
Orig. Desc. - Stanley Bostitch, Lopped & pruner								
Purchased From: Lowes								
https://www.homedepot.com/p/Stanley-Pruner-and-Bypass-Lopper-Combo-Pack-BDS7000/204681986								
329.	Kobalt 54-in L Fiberglass-Handle Steel Garden Rake							
1.00	EA	26.98	2.33	29.31	3/7 yrs	Avg. 42.86%	(11.56)	17.75
Orig. Desc. - Kobalt, Fiberglass handle steal garden rack								
Purchased From: Lowes								



CSAA Insurance Exchange

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CONTINUED - Storage Yard

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
https://www.lowes.com/pd/Kobalt-54-in-L-Fiberglass-Handle-Steel-Garden-Rake/1000377399?cm_mmc=SCE_PLA--LawnGarden--LawnAndGardenTools--1000377399:Kobalt&CAWELAID=&kpid=1000377399&CAGPSN=pla&store_code=1204&k_clickID=go_625853898_43247578980_195654754225_aud-449333924337:pla-313186149970_c_9030106&gclid=EAIaIQobChMIiLTkubOq3gIVl9lkCh1OAwpfEAQYASABegIabfD_BwE								
Totals: Storage Yard		426.59	5,372.53				2,003.85	3,368.68

Storage office

QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
330. LOGAN DESK								
1.00 EA	999.00	86.16	1,085.16	4/20 yrs	Above Avg.	12%	(119.88)	965.28
Orig. Desc. - Logan, Desk								
Purchased From: Pottery barn								
https://www.potterybarn.com/products/logan-desk/?pkey=e%7Clogan%2Bdesk%7C144%7Cbest%7C0%7Cviewall%7C48%7C%7C1&cm_src=PRODUCTSEARCH								
331. Beckman, Home office								
1.00 EA	0.00	0.00	0.00	4/NA	Avg.	0%	(0.00)	0.00
Purchased From:								
We need more information to price items accurately: details								

Totals: Storage office		86.16	1,085.16				119.88	965.28
Total: Contents Collaboration		14,245.06	179,404.15				32,006.39	147,397.76
Line Item Totals: ENRIQUE_GALVEZ		14,245.06	179,404.15				32,006.39	147,397.76

[%] - Indicates that depreciate by percent was used for this item

[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item



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Summary for Contents

Line Item Total	165,159.09
Material Sales Tax	14,245.06
Replacement Cost Value	\$179,404.15
Less Depreciation	(32,006.39)
Actual Cash Value	\$147,397.76
Net Claim	\$147,397.76
Total Recoverable Depreciation	32,006.39
Net Claim if Depreciation is Recovered	\$179,404.15

HOLLIER, ROBIN



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Recap of Taxes

	Material Sales Tax (8.625%)	Storage Rental Tax (8.625%)
Line Items	14,245.06	0.00
Total	14,245.06	0.00



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Recap by Room

Estimate: ENRIQUE_GALVEZ

Area: Contents Collaboration

Storage master bedroom	7,614.79	4.61%
Storage master bedroom/ bedroom	62,990.53	38.14%
Storage bathroom	13,539.57	8.20%
Storage dining rm	7,961.97	4.82%
Storage dinning rm	15,225.00	9.22%
Storage kitchen	7,227.41	4.38%
Storage living room	15,523.80	9.40%
Storage family room	15,449.62	9.35%
Storage garage	11,385.46	6.89%
Storage laundry	2,296.00	1.39%
Storage Yard	4,945.94	2.99%
Storage office	999.00	0.60%
<hr/>		
Area Subtotal: Contents Collaboration	165,159.09	100.00%
<hr/>		
Subtotal of Areas	165,159.09	100.00%
<hr/>		
Total	165,159.09	100.00%



CSAA Insurance Exchange

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Recap by Category with Depreciation

Items	RCV	Deprec.	ACV
AUTOMOTIVE & MOTORCYCLE ACC.	89.98	35.99	53.99
APPLIANCES - MAJOR W/O INSTALL	2,420.97	1,163.00	1,257.97
APPLIANCES - SMALL	2,747.92	580.92	2,167.00
ARTWORK	1,795.00	898.00	897.00
CLOTHING & ACCESSORIES	22,675.72	8,373.53	14,302.19
COMPUTERS & RELATED GOODS	1,169.97	594.99	574.98
ELECTRONICS	7,872.64	1,470.24	6,402.40
FURNITURE - HOME & OFFICE	58,320.90	7,523.22	50,797.68
HOUSEWARES - DINING & FLATWARE	2,991.92	251.94	2,739.98
HOUSEWARES - HOME DECOR	6,787.34	2,888.02	3,899.32
JEWELRY & WATCHES	17,147.00		17,147.00
KITCHENWARE	1,732.86	325.96	1,406.90
LAWN, GARDEN & PATIO	5,275.93	2,157.15	3,118.78
LINENS & SOFTGOODS	6,683.57	1,740.87	4,942.70
LUGGAGE, BAGS & ACCESSORIES	4,104.98	1,248.75	2,856.23
MUSIC, MOVIES & MEDIA	750.00	600.00	150.00
MUSICAL INSTRUMENTS & EQUIP.	499.00	29.94	469.06
PERSONAL CARE & BEAUTY	845.88	65.40	780.48
SPORTING GOODS & OUTDOORS	4,001.26	961.22	3,040.04
TOOLS	5,286.85	516.33	4,770.52
TOYS & GAMES	1,392.78	580.92	811.86
USER DEFINED ITEMS	10,566.62		10,566.62
Subtotal	165,159.09	32,006.39	133,152.70
Material Sales Tax	14,245.06		14,245.06
Total	179,404.15	32,006.39	147,397.76

H

W-2 Employee Reference Copy
Wage and Tax Statement
2018
OMB No. 1545-0008

Copy 2 for employee's records

Control number 032205	Dept. CLI2/CJD	Corp. 662832	Employer use only T 1674
--------------------------	-------------------	-----------------	-----------------------------

Employer's name, address, and ZIP code
**C & J CLARK RETAIL INC
60 TOWER RD
WALTHAM MA 02451**

Batch #02606

Employee's name, address, and ZIP code
**ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA CA 95405**

Employer's FED ID number 23-2051239	a Employee's SSA number 563-06-2505
Wages, tips, other comp. 8952.25	2 Federal income tax withheld 1023.99
3 Social security wages 8952.25	4 Social security tax withheld 555.04
5 Medicare wages and tips 8952.25	6 Medicare tax withheld 129.81
7 Social security tips	8 Allocated tips
9 Verification Code 49a7-129c-c248-dcce	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 3861.60
14 Other 89.52 SDI	12b 12c 12d
13 Stat emp Ret. plan 3rd party sick pay	
15 State CA	Employer's state ID no. 228-0507 1
16 State wages, tips, etc. 8952.25	
17 State income tax 300.17	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2018 pay stub plus any adjustments submitted by your employer.

Gross Pay	9368.75	Social Security Tax Withheld Box 4 of W-2	555.04	CA. State Income Tax Box 17 of W-2 SUI/SDI/FLI Box 14 of W-2	300.17 89.52
Fed. Income Tax Withheld Box 2 of W-2	1023.99	Medicare Tax Withheld Box 6 of W-2	129.81		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	9,368.75	9,368.75	9,368.75	9,368.75
Less Other Cafe 125	416.50	416.50	416.50	416.50
Reported W-2 Wages	8,952.25	8,952.25	8,952.25	8,952.25

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA CA 95405**

Social Security Number: 563-06-2505
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

COPY
RECEIVED
Liberty Tax Service

1 Wages, tips, other comp. 8952.25	2 Federal income tax withheld 1023.99
3 Social security wages 8952.25	4 Social security tax withheld 555.04
5 Medicare wages and tips 8952.25	6 Medicare tax withheld 129.81
d Control number 032205	Dept. CLI2/CJD
Corp. 662832	Employer use only T 1674
c Employer's name, address, and ZIP code C & J CLARK RETAIL INC 60 TOWER RD WALTHAM MA 02451	
b Employer's FED ID number 23-2051239	a Employee's SSA number 563-06-2505
7 Social security tips	8 Allocated tips
9 Verification Code 49a7-129c-c248-dcce	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 DD 3861.60
14 Other 89.52 SDI	12b 12c 12d
13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code ENRIQUE GALVEZ 4082 SACRAMENTO AVE SANTA ROSA CA 95405	
15 State CA	Employer's state ID no. 228-0507 1
16 State wages, tips, etc. 8952.25	
17 State income tax 300.17	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

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e/f Employee's name, address and ZIP code ENRIQUE GALVEZ 4082 SACRAMENTO AVE SANTA ROSA CA 95405	
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Corp. 662832	Employer use only T 1674
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b Employer's FED ID number 23-2051239	a Employee's SSA number 563-06-2505
7 Social security tips	8 Allocated tips
9 Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a DD 3861.60
14 Other 89.52 CA SDI	12b 12c 12d
13 Stat emp Ret. plan 3rd party sick pay	
e/f Employee's name, address and ZIP code ENRIQUE GALVEZ 4082 SACRAMENTO AVE SANTA ROSA CA 95405	
15 State CA	Employer's state ID no. 228-0507 1
16 State wages, tips, etc. 8952.25	
17 State income tax 300.17	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

CO. FILE DEPT. CLOCK VCheck NO.
CJD 032205 662832 832 0000451774

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 10/29/2017
Period Ending: 11/04/2017
Pay Date: 11/09/2017

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	42.87	875.34	
Pre Tax LTD			2.45	
	Gross Pay	\$	877.79	
Deductions	Statutory			
	Federal Withholding Tax		117.04-	
	Social Security Tax		52.09-	
	Medicare Tax		12.18-	
	SDI Tax		7.56-	
	CA Withholding Tax		27.79-	
	Other			
	*Vision Pre Tax		0.29-	
	*Pre Tax LTD		2.45-	
	Supp Life		9.69-	
	*Dental PRE		1.49-	
	*Pre OAP		33.36-	
	Net Pay	\$	613.85	
	DD - Chk1		613.85-	
	Net Check	\$	0.00	

Important Notes

Other Benefits and

Information	this period	year to date
PSL Balance		37.00
Vacation Balanc		60.23

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

51-57/119

Advice number: 0000451774
Period Beginning: 10/29/2017
Period Ending: 11/04/2017
Pay Date: 11/09/2017
Employee ID: 000082576

Pay to the
order of

ENRIQUE GALVEZ

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK VCRK NO.
CJD 032205 662832 832 0000461814

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 11/05/2017
Period Ending: 11/11/2017
Pay Date: 11/17/2017

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	67.08	875.34	
Contest Prize			80.00	
Pre Tax LTD			2.45	
Gross Pay		\$	957.79	

Deductions	Statutory	
	Federal Withholding Tax	137.04-
	Social Security Tax	57.05-
	Medicare Tax	13.35-
	SDI Tax	8.29-
	CA Withholding Tax	33.95-
	Other	
	*Vision Pre Tax	0.29-
	*Pre Tax LTD	2.45-
	Supp Life	9.69-
	*Dental PRE	1.49-
	*Pre OAP	33.36-
	Net Pay	\$ 660.83
	DD - Chk1	660.83-
	Net Check	\$ 0.00

Important Notes

Other Benefits and Information	this period	year to date
PSL Balance		39.00
Vacation Balance		62.55

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

51-57/119

Advice number: 0000461814
Period Beginning: 11/05/2017
Period Ending: 11/11/2017
Pay Date: 11/17/2017
Employee ID: 000082576

Pay to the
order of

ENRIQUE GALVEZ

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK VCHK NO.
CJD 032205 662832 832 0000471853

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 11/12/2017
Period Ending: 11/18/2017
Pay Date: 11/24/2017

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	41.02	875.34	
Contest Prize			80.00	
Pre Tax LTD			2.45	
Gross Pay		\$	957.79	

Deductions	Statutory	
	Federal Withholding Tax	137.04-
	Social Security Tax	57.05-
	Medicare Tax	13.34-
	SDI Tax	8.28-
	CA Withholding Tax	33.95-
	Other	
	*Vision Pre Tax	0.29-
	*Pre Tax LTD	2.45-
	Supp Life	9.69-
	*Dental PRE	1.49-
	*Pre OAP	33.36-
	Net Pay	\$ 660.85
	DD - Chk1	660.85-
	Net Check	\$ 0.00

Important Notes

Other Benefits and

Information	this period	year to date
PSL Balance		40.00
Vacation Balanc		64.87

51-57/119

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Advice number: 0000471853
Period Beginning: 11/12/2017
Period Ending: 11/18/2017
Pay Date: 11/24/2017
Employee ID: 000082576

Pay to the
order of

ENRIQUE GALVEZ

This Amount: NO AND 00/100 DOLLARS

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK VCheck NO.
CJD 032205 662832 832 0000481934

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 11/19/2017
Period Ending: 11/25/2017
Pay Date: 12/01/2017

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	49.85	754.31	
Holiday		2.23	33.73	
Overtime 2		5.77	87.30	
Pre Tax LTD			2.45	
Gross Pay		\$	877.79	

Deductions	Statutory	
	Federal Withholding Tax	117.04-
	Social Security Tax	52.10-
	Medicare Tax	12.18-
	SDI Tax	7.56-
	CA Withholding Tax	27.79-
	Other	
	*Vision Pre Tax	0.29-
	*Pre Tax LTD	2.45-
	Supp Life	9.69-
	*Dental PRE	1.49-
	*Pre OAP	33.36-
	Net Pay	\$ 613.84
	DD - Chk1	613.84-
	Net Check	\$ 0.00

Important Notes

Other Benefits and

Information	this period	year to date
PSL Balance		42.00
Sup Bal to Date		16.00
Vacation Balanc		67.18

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

51-57/119

Advice number: 0000481934
Period Beginning: 11/19/2017
Period Ending: 11/25/2017
Pay Date: 12/01/2017
Employee ID: 000082576

Pay to the

order of **ENRIQUE GALVEZ**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK VCheck NO.
CJD 032205 662832 832 0000492029

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 11/26/2017
Period Ending: 12/02/2017
Pay Date: 12/08/2017

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	20.77	538.33	
Birthday		8.00	207.37	
SickLeave		5.00	129.64	
Vacation		16.00		
Pre Tax LTD			2.45	
Gross Pay		\$	877.79	

Important Notes

Other Benefits and

Information	this period	year to date
PSL Balance		38.00
Sup Bal to Date		16.00
Vacation Balanc		53.50

Deductions	Statutory
Federal Withholding Tax	117.04-
Social Security Tax	52.09-
Medicare Tax	12.19-
SDI Tax	7.56-
CA Withholding Tax	27.79-
Other	
*Vision Pre Tax	0.29-
*Pre Tax LTD	2.45-
Supp Life	9.69-
*Dental PRE	1.49-
*Pre OAP	33.36-
Net Pay	\$ 613.84
DD - Chk1	613.84-
Net Check	\$ 0.00

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

51-57/119

Advice number: 0000492029
Period Beginning: 11/26/2017
Period Ending: 12/02/2017
Pay Date: 12/08/2017
Employee ID: 000082576

Pay to the

order of **ENRIQUE GALVEZ**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK VOL. NO.
CJD 032205 662832 832 0000191671

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 04/29/2018
Period Ending: 05/05/2018
Pay Date: 05/11/2018

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	36.43	875.34	
Pre Tax LTD			2.45	
Gross Pay		\$	877.79	
Deductions	Statutory			
	Federal Withholding Tax		90.21-	
	Social Security Tax		51.84-	
	Medicare Tax		12.12-	
	SDI Tax		8.36-	
	CA Withholding Tax		26.81-	
	Other			
	*PLUPRE		36.70-	
	*Vision Pre-Tax		1.01-	
	VOL HOSPINS PST		3.00-	
	*Pre Tax LTD		2.45-	
	Supp Life		9.69-	
	*Dental PRE		1.49-	
	Net Pay	\$	634.11	
	DD - Chk1		634.11-	
	Net Check	\$	0.00	

Important Notes

Other Benefits and

Information	this period	year to date
PSL Balance		29.00
Vacation Balanc		19.33-

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

51-57/119

Advice number: 0000191671
Period Beginning: 04/29/2018
Period Ending: 05/05/2018
Pay Date: 05/11/2018
Employee ID: 000082576

Pay to the

order of **ENRIQUE GALVEZ**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK Vc NO.
CJD 032205 662832 0000201882

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 05/06/2018
Period Ending: 05/12/2018
Pay Date: 05/18/2018

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	40.47	875.34	
Pre Tax LTD			2.45	
Gross Pay		\$	877.79	
Deductions	Statutory			
	Federal Withholding Tax		90.21-	
	Social Security Tax		51.84-	
	Medicare Tax		12.13-	
	SDI Tax		8.36-	
	CA Withholding Tax		26.81-	
	Other			
	*PLUPRE		36.70-	
	*Vision Pre-Tax		1.01-	
	VOL HOSPINS PST		3.00-	
	*Pre Tax LTD		2.45-	
	Supp Life		9.69-	
	*Dental PRE		1.49-	
	Net Pay	\$	634.10	
	DD - Chkl		634.10-	
	Net Check	\$	0.00	

Important Notes		
Other Benefits and Information	this period	year to date
PSL Balance		30.00
Vacation Balanc		17.02-

51-57/119

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Advice number: 0000201882
Period Beginning: 05/06/2018
Period Ending: 05/12/2018
Pay Date: 05/18/2018
Employee ID: 000082576

Pay to the
order of **ENRIQUE GALVEZ**
This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK V. NO.
CJD 032205 662832 0000211633

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 05/13/2018
Period Ending: 05/19/2018
Pay Date: 05/25/2018

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	41.47	875.34	
Pre Tax LTD			2.45	
Gross Pay		\$	877.79	
Deductions				
Statutory				
Federal Withholding Tax			90.21-	
Social Security Tax			51.85-	
Medicare Tax			12.12-	
SDI Tax			8.36-	
CA Withholding Tax			26.81-	
Other				
*PLUPRE			36.70-	
*Vision Pre-Tax			1.01-	
VOL HOSPINS PST			3.00-	
*Pre Tax LTD			2.45-	
Supp Life			9.69-	
*Dental PRE			1.49-	
Net Pay		\$	634.10	
DD - Chk1			634.10-	
Net Check		\$	0.00	

Important Notes

Other Benefits and

Information	this period	year to date
PSL Balance		32.00
Vacation Balanc		14.70-

51-57/119

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Advice number: 0000211633
Period Beginning: 05/13/2018
Period Ending: 05/19/2018
Pay Date: 05/25/2018
Employee ID: 000082576

Pay to the
order of **ENRIQUE GALVEZ**

This Amount: **NO AND 00/100 DOLLARS**

\$0.00

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK Ck. NO.
CJD 032205 662832 0035832904

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 05/20/2018
Period Ending: 05/26/2018
Pay Date: 06/01/2018

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	875.3400	38.72	875.34	
Pre Tax LTD			2.45	
Gross Pay			\$ 877.79	
Deductions				
Statutory				
Federal Withholding Tax			90.21-	
Social Security Tax			51.84-	
Medicare Tax			12.13-	
SDI Tax			8.36-	
CA Withholding Tax			26.81-	
Other				
*PLUPRE			36.70-	
*Vision Pre-Tax			1.01-	
VOL HOSPINS PST			3.00-	
*Pre Tax LTD			2.45-	
Supp Life			9.69-	
*Dental PRE			1.49-	
Net Pay			\$ 634.10	
Net Check			\$ 634.10	

Important Notes

Other Benefits and

Information	this period	year to date
PSL Balance		33.00
Vacation Balanc		12.38-

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

51-57/119

Payroll check number: 0035832904
Period Beginning: 05/20/2018
Period Ending: 05/26/2018
Pay Date: 06/01/2018
Employee ID: 000082576

Pay to the
order of **ENRIQUE GALVEZ**

This Amount: **SIX HUNDRED THIRTY-FOUR AND 10/100 DOLLARS**

\$634.10

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

CO. FILE DEPT. CLOCK CH. NO.
CJD 032205 662832 0035832905

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Earnings Statement

Period Beginning: 05/20/2018
Period Ending: 05/26/2018
Pay Date: 06/01/2018

Taxable Marital Status: Single

ENRIQUE GALVEZ
4082 SACRAMENTO AVE
SANTA ROSA, CA 95405

Earnings	rate	hours	this period	year to date
Regular	21.8835	43.00	940.99	
Suppl PTO		12.00	262.60	
Gross Pay			\$ 1,203.59	

Important Notes

Other Benefits and

Information	this period	year to date
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Deductions	Statutory
	Federal Withholding Tax 171.05-
	Social Security Tax 74.62-
	Medicare Tax 17.45-
	SDI Tax 12.04-
	CA Withholding Tax 58.88-
	Other
Net Pay	\$ 869.55
Net Check	\$ 869.55

51-57/119

C & J Clark Retail, Inc.
60 Tower Road
Waltham, MA 02451

Payroll check number: 0035832905
Period Beginning: 05/20/2018
Period Ending: 05/26/2018
Pay Date: 06/01/2018
Employee ID: 000082576

Pay to the
order of

ENRIQUE GALVEZ

This Amount: EIGHT HUNDRED SIXTY-NINE AND 55/100 DOLLARS

\$869.55

NON-NEGOTIABLE
(THIS IS NOT A CHECK)

Enrique Galvez
Claimant/Appellant
1181 Fulton Avenue
Sacramento, California 95425
(707) 304-2549

FILED

DEC 20 2023 *RG*

U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

In Pro Se

**UNITED STATES BANKRUPTCY COURT
NORTHERN CALIFORNIA BANKRUPTCY COURT**

ENRIQUE GALVEZ,

CASE NO.: 19-30088 DM 11

Appellant,

**APPELLANT'S AMENDED APPENDIX OF
DESIGNATED RECORD ON APPEAL
FROM BANKRUPTCY COURT**

vs.

PG&E CORPORATION,

VOLUME II

Appellee(s).

APPELLANT'S AMENDED DESIGNATION OF RECORD ON APPEAL

	DATE:	PG&E I.D. #:	DOCUMENT DESCRIPTION:
A.	12/1/2017	160998	Sutter Medical Records
B.	12/1/2017	160999	Cigna Coverage Detail
C.	12/1/2017	161000	Treatment Summary
D.	2017	161001	Various Blue Cross Treatment Summary
E.	12/2017	161002	Injury Photos
F.	10/24/2018	161005	Insurance Loss Inventory
G.	10/29/2018	161003	Insurance Loss Inventory
H.	2017/2018	161006	Pay Stubs
I.	2017/2018	163459	Homeowners Insurance Policy
J.	10/16/2019	160993	Letter Re: Treating Physician
K.	8/6/2020	160995	Declaration of Sister Re: PTSD
L.	8/6/2020	160996	Declaration of JMM Re: PTSD
M.	8/6/2020	160997	Declaration of SAM Re: PTSD
N.	8/6/2020	163451	Declaration of Claimant Re: PTSD
O.	9/4/2020	161004	Insurance Loss Inventory
P.	9/23/2020	176332	Letter from Life Coach

	DATE:	PG&E I.D. #:	DOCUMENT DESCRIPTION:
1	Q. 9/30/2020	179481	Summary of Coaching Sessions
2	R. 10/6/2020	176335	Initial Claims Narrative
3	S. 4/21/2021	689844	Insurance File Review
4	T. 6/30/2021	848962	Letter from Psychiatrist Confirming Diagnosis
5	U. 8/5/2021	892091	Inquiry into Status of Case
6	V. 9/10/2021	949898	Deficiency Notice
7	W. 10/3/2021	999798	Deficiency Notice
8	X. 10/5/2021	1751067	Personal Property Eligibility Criteria
9	Y. 12/1/2021	1086947	Response to Deficiency Notices
10	Z. 2/10/2022	1181855	Supplemental Response 9/10/2021 Deficiency Notice
11	AA. 2/10/2022	1181842	Supplemental Response 10/3/2021 Deficiency Notice
12	BB. 2/21/2022	1202421	Amended Deficiency Notice
13	CC. 2/21/2022	1202978	Response to Amended Deficiency Notice
14	DD. 5/16/2022	1751068	Personal Property Eligibility Criteria
15	EE. 5/27/2022	1368961	Amended Deficiency Notice
16	FF. 6/16/2022	1395147	Response to Amended Deficiency Notice
17	GG. 7/8/2022	1417378	Determination Notice
18	HH. 09/2022	438131	Treatment Letter from Psychiatrist
19	II. 11/20/2022	1580779	Redetermination Narrative Claim #50006
20	JJ. 12/5/2022	1601783	Reconsideration Response Re: Claim #51475
21	KK. 12/5/2022	1653069	Reconsideration Narrative Claim #50009
22	LL. 3/2/2023	1728661	Reconsideration Determination Notice
23	MM. 5/20/2023	1753844	Appeal Narrative Re: Insurance Claim #50006
24	NN. 5/20/2023	1754515	Appeal Narrative Re: PTSD Claim #50010
25	OO. 5/20/2023	1754731	Appeal Narrative Re: Personal Injury Claim #50010
26	PP. 10/10/2023	1716187	Notice of Trustee Determination
27	QQ.	1594450	Letter from Psychiatrist Re: Further Diagnosis
28	RR. 2017/2018	1761269	Homeowners Insurance Declaration Page

December 15, 2023

I, Enrique Galvez, am the Claimant/Appellant in the above entitled-matter. I declare under perjury under the laws of the State of California that the Amended Appendix of Documents, as listed above, constitutes Appellants Amended Designation of the Record on Appeal. The documents have been submitted electronically in a PDF searchable format and otherwise are compliant with Rules of Court related to the use and submission of digital material.


Appellant Enrique Galvez



**California
Homeowners Policy
Special Form
HO-3**

**Designed Exclusively
For Members**

**CSAA Insurance Exchange
PO Box 22221, Oakland, CA 94623-2221**

To report a claim: (800) 922-8228
Claims fax: (877) 548-1610

61 2000 CA 10012010 (CA 7/2015)

CONTENTS

AGREEMENT	1
DEFINITIONS	1
SECTION I –COVERAGES	4
SECTION I – ADDITIONAL COVERAGES	7
SECTION I – PERILS INSURED AGAINST	14
SECTION I - EXCLUSIONS	17
SECTION I – CONDITIONS	20
SECTION II – LIABILITY COVERAGES	27
SECTION II – EXCLUSIONS	27
SECTION II – ADDITIONAL COVERAGES	32
SECTION II – CONDITIONS	34
SECTIONS I & II – CONDITIONS	35

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Consumer Complaint Information

Should you have a problem with your policy, please call your local AAA office or our Contact Center for assistance. The toll-free number for the Contact Center is (800) 922-8228. You may also contact us in writing at the following address:

**CSAA Insurance Exchange
Attn: Insurance Services, P.O. Box 22221,
Oakland,
CA 94623-2221**

If we have been unable to assist you in resolving your problems, you may contact the following state agency:

**California Department of Insurance,
Consumer Services Division
300 South Spring St., Los Angeles, CA 90013
Toll free telephone (800) 927-4357 website:
www.insurance.ca.gov**

You should contact the Department of Insurance only after you have first attempted to resolve your problem through us.

HOMEOWNERS POLICY SPECIAL FORM- HO-3

AGREEMENT

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

DEFINITIONS

Throughout this policy "you" and "your" refer to the named "insured" shown in the Declarations and the named "insured's" spouse if a resident of the same household. "We", "us" and "our" refer to the CSAA Insurance Exchange providing this insurance. In addition, certain words and phrases are defined as follows:

1. "Actual cash value" means fair market value or what a willing buyer would pay a willing seller immediately before the loss where neither party has an urgent need to engage in the transaction.
2. "Building structure" means a structure with walls and a roof.
3. "Business" includes trade, profession or occupation; or the rental or holding for rental of any part of any premises by any "insured", whether or not engaged in for profit, full or part time.
4. "Business property" means property pertaining to or intended for use in "business".

5. "Contamination" means impairment or impurity due to either an accidental or intentional mixture or contact with a foreign substance, including, but not limited to, biological, chemical, or toxic agents.
6. "Damages" under Section II means monetary compensation recoverable for "personal injury" or "property damage" caused by an "occurrence" to which this insurance applies. It does not include injunctive or equitable relief, statutory costs, or other fees, penalties or fines incurred in responding to actions for, or complying with any such injunctive or equitable relief.
7. "Earthquake" means shaking or trembling of the earth whether caused by volcanic activity, tectonic processes or any other natural cause.
8. "Fungi" means:
 - a. Any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi;
 - b. Under Section II, this does not include any "fungi" that are, or are contained in, a good or product intended for consumption.
9. "Insured" means you and the following residents of your household:
 - a. Your relatives;
 - b. A "Domestic Partner" of the named "insured". "Domestic Partner" means a person with whom a committed relationship of mutual caring has been established that meets all of the requirements of Division 2.5 of the California Family Code, commencing with Section 297 as amended from time to time. One of the requirements of the California Family Code is that both Domestic Partners file a Declaration of Domestic Partnership in accordance with Sections 298 and 298.5 of the California Family Code, but there are additional requirements as well. A "Domestic Partner" also includes comparable legal unions from jurisdictions other than California recognized as such under Section 299.2 of the California Family Code.
 - c. Any other person up to the age of 25 who is in the care of any person named above.

Under Section II, "insured" also means:

- d. With respect to animals or watercraft of all types to which this policy applies, any person or organization legally responsible for these animals or watercraft of all types which are owned by you or any person included in 9.a., 9.b. or 9.c.

A person or organization using or having custody of these animals or watercraft of all types in the course of any "business" or without permission of the owner is not an "insured";
- e. With respect to any vehicle to which this policy applies:

- (1) Any person while engaged in your employment or the employment of any person included in 9.a., 9.b. or 9.c.; or
 - (2) Any other person using the vehicle on an "insured location" with your permission.
10. "Insured location" means:
- a. The "residence premises"; and
 - b. Under Section II only:
 - (1) The part of any other premises, other structures and land used by you as a residence and:
 - (a) Which is shown in the Declarations; or
 - (b) Which is acquired by you during the policy period for your use as a residence;
 - (2) Any premises used by you in connection with the premises included in 10.a. or 10.b.(1) above;
 - (3) Any part of a premises not owned by any "insured" where any "insured" is temporarily residing;
 - (4) Vacant land, other than farm land, owned by or rented to any "insured";
 - (5) Land owned by or rented to any "insured" on which a one- or two-family dwelling is being constructed as a residence for any "insured";
 - (6) Individual or family cemetery plots or burial vaults of any "insured";
 - (7) Any part of a premises occasionally rented to any "insured" for other than "business" purposes.
11. "Occurrence" means an accident, including exposure to conditions which results during the policy period in:
- a. "Personal injury"; or
 - b. "Property damage".
12. "Personal injury" means:
- a. Bodily injury, sickness or disease, including care, loss of services and death resulting therefrom;
 - b. False arrest, detention or imprisonment or malicious prosecution;
 - c. The publication or utterance of a libel or slander or of other defamatory or disparaging material, or a publication or utterance in violation of an individual's right of privacy; except publications or utterances in the course of or related to advertising, broadcasting or telecasting activities conducted by or on behalf of the named "insured";
 - d. Wrongful entry or eviction or other invasion of the right of private occupancy.
13. "Property damage" means physical injury to or destruction of tangible property, including loss of use of this property.
14. "Replacement cost" means equivalent construction without

deduction for depreciation, but does not include the cost of complying with updated building codes, ordinances or laws regulating the construction, repair or demolition of a "building structure" or other structure.

15. "Residence employee" means an employee of any "insured" who performs duties in connection with the maintenance or use of the "residence premises", including household or domestic services, or who performs duties elsewhere of a similar nature not in connection with the "business" of any "insured".
16. "Residence premises" means:
 - a. The one- or two-family dwelling, other structures, and land located at the address stated in the Declarations; or
 - b. That part of any other "building structure" where you reside and which is shown as the "residence premises" in the Declarations.
17. "Water" means water (H₂O) alone, including moisture, steam or humidity, whether frozen or not or natural or artificial including any liquid or sludge which contains water, whether or not combined with any other chemicals or impurities.

SECTION I – COVERAGES

COVERAGE A – Dwelling

We Cover Under Coverage A – Dwelling:

1. The dwelling on the "residence premises" shown in the Declarations used principally as a private residence, including structures and carpeting permanently affixed to the dwelling; and
2. Materials and supplies located on or adjacent to the "residence premises" for use in the construction, alteration or repair of the dwelling or other structures on the "residence premises".

We Do Not Cover Under Coverage A – Dwelling:

1. Any structure including fences or other property covered under Coverage B – Other Structures;
2. Land, including the cost to replace, rebuild, stabilize or otherwise restore or protect the land.

COVERAGE B – Other Structures

We cover other structures on the "residence premises", separated from the dwelling by clear space which includes driveways, walkways, exterior patios and swimming pools. Structures connected to or abutting the dwelling such as a fence, utility line or cement, asphalt or brick patio, walkway, driveway, retaining wall or similar connection are considered to be other structures.

We do not cover other structures:

1. Being used in whole or in part for "business" purposes; or
2. Rented or held for rental to any person not a tenant of the dwelling, unless used solely as a private garage.

If you do not have other structures except fences on the "residence premises" described in the Declarations of this policy, or if Section I coverage is excluded on all other structures except fences on the "residence premises" described in the Declarations of this policy, the amount of insurance designated for Coverage B – Other Structures can be applied to the amount of insurance available for Coverage A – Dwelling.

COVERAGE C – Personal Property

We cover personal property owned or used by any "insured" while it is anywhere in the world. At your request, we will cover personal property owned by others while the property is on the part of the "residence premises" occupied by any "insured". In addition, we will cover, at your request, personal property owned by a guest or a "residence employee", while the property is in any residence occupied by any "insured".

Special Limits of Liability

These limits do not increase the Coverage C limit of liability. The special limit for each following numbered category is the total limit for each loss for all property in that numbered category.

1. \$500 on money, banknotes, bullion, gold other than goldware, silver other than silverware, platinum, negotiable and nonnegotiable coins and medals and collections of all such properties.
2. \$2,500 on securities evidences of debt, letters of credit, manuscripts, and stamps. This limit applies to these categories regardless of the medium (such as paper or computer software) on which the materials exist. This limit includes the cost to research, replace or restore the information from the lost or damaged material.
3. \$2,500 on watercraft of all types, including their trailers, furnishings, equipment and outboard motors.
4. \$2,500 on trailers not used with watercraft.
5. \$2,500 for loss by theft of jewelry, watches, precious and semi-precious stones.
6. \$2,500 for "business property".
7. \$10,000 for loss by theft of rugs or carpets, including but not limited to, hand-woven silk or wool rugs, carpets, tapestry, wall hangings or other similar articles whose principal value is derived from its color, design, quality of wool or silk, quality of weaving, condition or age.
8. \$10,000 for motorized equipment not licensed for road use being driven or used by an "insured" and which is used exclusively for servicing an "insured location".
9. \$10,000 for motor or engine propelled land conveyances designed for and solely used by the handicapped, including those licensed or subject to license for road use.

Property Not Covered. We do not cover:

1. Articles separately described and specifically insured in this or any other insurance;
2. Animals, birds or fish;

3. Motor vehicles or all other motorized land conveyances. This includes:
 - a. Their accessories, equipment and parts; or
 - b. Electronic apparatus and accessories designed to be operated solely by power from the electrical system of such vehicles or conveyances.

The exclusion of property described in a. and b. above applies only while such property is in or upon the motor vehicle or motorized land conveyance.

We do cover:

- a. Motorized equipment not licensed for road use being driven or used by an "insured" and which is used exclusively to service an "insured location";
 - b. Motor or engine propelled land conveyances designed for and solely used by the handicapped, including those licensed or subject to license for road use.
4. Any sound, video, mapping, tracking or communications equipment or device or system designed for reproducing, detecting, receiving, transmitting, recording or playing data, maps, locations, sound, videos or pictures which may be powered by electricity from a motor vehicle, motorized land conveyance, watercraft, or a camp or home trailer while such equipment, device or system is in, upon or installed in a motor vehicle, motorized land conveyance, watercraft, or a camp or home trailer. This includes any accessories, antennas, speakers, tapes, reels, cassettes, discs, cartridges, carrying cases or other devices or components used with or as a part of such equipment, device or system.
5. Aircraft and aircraft parts. This does not include model or hobby craft not designed to carry people or cargo;
6. Property of roomers, boarders and other tenants, except property of roomers and boarders related to any "insured";
7. Property contained in a living unit being rented or regularly held for rental to others by any "insured";
8. Property rented or held for rental to others away from the "residence premises";
9. Credit cards except as provided in Additional Coverages 6.

COVERAGE D – Loss Of Use

The limit of liability for Coverage D is the total limit for all the following coverages.

1. If a loss covered under this section makes that part of the "residence premises" where you reside uninhabitable, we cover, at your option, either:
 - a. Additional Living Expense, meaning any necessary and reasonable increase in living expenses incurred by you so that your household can maintain its normal standard of living; or
 - b. Fair Rental Value, meaning the fair rental value of that part of the "residence premises" where you primarily reside less any expenses that do not continue while the

premises is uninhabitable. Secondary residences are covered for Additional Living Expenses only.

Payment under a. or b. shall be for the shortest time required to repair or replace the damage or, if you permanently relocate, the shortest time required for your household to settle elsewhere.

2. If a loss covered under this Section makes that part of the "residence premises" rented to others or held for rental by you uninhabitable, we cover:

Fair Rental Value, meaning the fair rental value of that part of the "residence premises" rented to others or held for rental by you less any expenses that do not continue while the premises is uninhabitable.

Payment will be for the shortest time required to repair or replace that part of the premises rented or held for rental.

3. If a civil authority prohibits you from occupying the "residence premises" as a result of direct damage to neighboring premises by a Peril Insured Against in this policy, we cover the Additional Living Expense or Fair Rental Value loss as provided under 1. and 2. above for a period not exceeding two weeks during which use is prohibited.

The periods of time under 1., 2. and 3. above are not limited by expiration of this policy.

We do not cover loss or expense due to cancellation of a lease or agreement.

SECTION I - ADDITIONAL COVERAGES

1. Debris Removal

We will pay the reasonable expense incurred by you in the removal of debris of covered property provided coverage is afforded for the peril causing the loss. Debris removal expense is included in the limit of liability applying to the damaged property. When the amount payable for the actual damage to the property plus the expense for debris removal exceeds the limit of liability for the damaged property, an additional 5% of that limit of liability will be available to cover debris removal expense.

Under the above we will also pay the reasonable expenses you incur removing fallen trees from the "residence premises" when:

- a. Coverage is not afforded under Additional Coverage 3., Trees, Shrubs and Other Plants for the peril causing the loss; or
- b. The tree is not covered by this policy: provided the tree damages covered property and a Peril Insured Against under Coverage C is the cause of the tree falling.

2. Reasonable Repairs

We will pay the reasonable cost incurred by you for necessary repairs made solely to protect covered property from further damage provided coverage is afforded for the peril causing the loss.

This coverage does not increase the limit of liability applying to the property being repaired.

3. Trees, Shrubs and Other Plants

We cover trees, shrubs, plants or lawns, on the "residence premises", for loss caused by the following Perils Insured Against: Fire or Lightning, Explosion, Riot or Civil Commotion, Aircraft, Vehicles not owned or operated by a resident of the "residence premises", Vandalism or Malicious Mischief or Theft. The limit of liability for this coverage shall not exceed 5% of the limit of liability that applies to the dwelling as shown in the Declarations for Coverage A for all trees, shrubs, plants and lawns nor more than \$500 for any one tree, shrub or plant, including expense incurred for removal. We do not cover property grown for "business" purposes.

This coverage is additional insurance.

4. Fire Department Service Charge

We will pay up to \$250 for your liability assumed by contract or agreement for fire department charges incurred when the fire department is called to save or protect covered property from a Peril Insured Against. We do not cover fire department service charges if the property is located within the limits of the city, municipality or protection district furnishing the fire department response.

This coverage is additional insurance. No deductible applies to this coverage.

5. Property Removed

Covered property while being removed from a premises endangered by a Peril Insured Against and for not more than 30 days while removed is covered for direct loss from any cause.

This coverage does not change the limit of liability applying to the property being removed.

6. Credit Card, Forgery and Counterfeit Money

We will pay up to \$1,000 for:

- a. The legal obligation of any "insured" to pay because of the theft or unauthorized use of credit cards issued to or registered in any "insured's" name.

We do not cover use by a resident of your household, a person who has been entrusted with the credit card or any person if any "insured" has not complied with all terms and conditions under which the credit card is issued;

- b. Loss to any "insured" caused by forgery or alteration of any check or negotiable instrument; and
- c. Loss to any "insured" through acceptance in good faith of counterfeit United States or Canadian paper currency.

We do not cover loss arising out of "business" pursuits or dishonesty of any "insured".

No deductible applies to this coverage.

Defense:

- a. We may make any investigation and settle any claim or suit that we decide is appropriate. Our obligation to defend any claim or suit ends when the amount we pay for the loss equals our limit of liability.
- b. If a suit is brought against any "insured" for liability under the Credit Card coverage, we will provide a defense at our expense by counsel of our choice.
- c. We have the option to defend at our expense any "insured" or any "insured's" bank against any suit for the enforcement of payment under the Forgery coverage.

7. Collapse

We insure for direct physical loss to covered property involving actual or imminent collapse of a "building structure" or any part of a "building structure" caused only by one or more of the following:

- a. Perils Insured Against in Coverage C – Personal Property. These perils apply to covered building and personal property for loss insured by this additional coverage;
- b. Decay that was hidden from view before any actual or imminent collapse;
- c. Insect or vermin damage that was hidden from view before any actual or imminent collapse;
- d. Weight of contents, equipment, animals or people;
- e. Weight of rain or snow which collects on the roof of a "building structure";
- f. Use of defective material or methods in construction, remodeling or renovation if the actual or imminent collapse occurs during the course of the construction, remodeling or renovation.

Loss to an awning, fence, patio, wood deck, pavement, swimming pool, spa, hot tub, underground pipe, flue, drain, cesspool, septic tank, foundation, retaining wall, bulkhead, pier, wharf or dock is not included under items b., c., d., e. and f. unless the loss is a direct result of the collapse of a "building structure".

Actual or imminent collapse does not include settling, cracking, shrinking, bulging or expansion. "Imminent collapse" means likely to happen without delay, impending, threatening or likely to occur at any moment.

This coverage does not increase the limit of liability applying to the damaged covered property.

8. Freezer Food

We cover under Coverage C, for an amount not to exceed \$500, loss or damage to the contents of freezer or refrigerated units on the "residence premises" caused by change of temperature resulting from:

- a. Interruption of electrical service to refrigeration equipment caused by breakdown of generating or transmission system;

- b. Mechanical or electrical breakdown of refrigeration system.

It is a condition of this coverage that the "insured" shall at all times exercise due diligence in inspecting and maintaining refrigeration equipment in proper working condition. If interruption of electrical service or mechanical or electrical breakdown is known to the "insured", all reasonable means must be used to protect the property insured from further damage or this coverage is void.

9. Flood Emergency Assistance

We will pay up to \$3,000 of reasonable and necessary Living Expense actually incurred by you within four weeks after a loss caused by flood or surface "water" from rain or snow if the "residence premises" is uninhabitable during that period.

Any loss deductible clause shall not apply to this Flood Emergency Assistance coverage.

OTHER THAN AS EXPRESSED WITHIN THIS "9. FLOOD EMERGENCY ASSISTANCE," THIS POLICY DOES NOT PROVIDE FLOOD INSURANCE.

10. Arson Reward

We will pay \$5,000 for information which leads to an arson conviction in connection with a fire loss to property covered by this policy. This coverage may increase the limit otherwise applicable. However, the \$5,000 limit shall not be increased regardless of the number of persons providing the information.

11. Building Code Upgrade Coverage

- a. You may use up to 25% of the limit of liability that applies to Coverage A, excluding any increase in the Coverage A limit of liability contained in the HO-28 Limited Home Replacement Cost Endorsement, for the increased costs you incur due to the enforcement of any ordinance or law which requires or regulates:
 - (1) The construction, demolition, remodeling, renovation or repair of that part of a covered "building structure" damaged by a Peril Insured Against;
 - (2) The demolition and reconstruction of the undamaged part of a covered "building structure", when that "building structure" must be totally demolished because of damage by a Peril Insured Against to another part of that covered "building structure"; or
 - (3) The remodeling, removal or replacement of the portion of the undamaged part of a covered "building structure" necessary to complete the remodeling, repair or replacement of that part of the covered "building structure" damaged by a Peril Insured Against.
- b. You may use all or part of this Building Code Upgrade coverage to pay for the increased costs you incur to remove debris resulting from the construction,

demolition, remodeling, renovation, repair or replacement of the covered building structure as stated in a. above.

c. We do not cover:

- (1) The loss in value to any covered "building structure" due to the requirements of any ordinance or law; or
- (2) The costs to comply with any ordinance or law which requires any "insured" or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, pollutants or "contaminants" in or on any covered "building structure".

Pollutants means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

Any reimbursement we make under this additional coverage is subject to and included in the limit of liability stated in the Declarations and does not increase that limit.

12. "Fungi", Wet or Dry Rot or Bacteria

We will reimburse up to \$10,000 of the costs covered under Section I you reasonably and necessarily incur because of the need to repair, replace, remove or restore any part of the dwelling, other "building structures" or personal property due to the unsafe levels of "fungi", wet or dry rot, or bacteria that occurs during the policy period from an accidental discharge or overflow of "water" from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance. This coverage includes any reasonable and necessary increase in living expenses actually incurred by you under the same terms and conditions in subsection 1.a. in Coverage D – Loss of Use, but does not increase the overall \$10,000 limit of liability. This coverage does not include damage caused by constant or repeated seepage or leakage of "water" or the presence or condensation of humidity, moisture or vapor, over a period of weeks, months or years, unless such seepage or leakage of "water" or the presence or condensation of humidity, moisture, or vapor and the resulting damage is unknown to all "insureds" and is hidden within the walls or ceilings or beneath the floors or above the ceilings of a "building structure". This coverage does not apply to:

- a. The appliance from which the "water" or steam escaped;
- b. Unsafe levels of "fungi", wet or dry rot or bacteria damage on the "residence premises" caused by accidental discharge or overflow which occurs off the "residence premises";
- c. Damage that results from the failure of an "insured" to use all reasonable means to save and preserve the property from further damage at and after the time the accidental discharge or overflow occurred.

Reimbursement of \$10,000 is the most we will pay for all of the following:

- a. The total of all loss payable under SECTION I – COVERAGES caused by unsafe levels of “fungi”, wet or dry rot or bacteria;
- b. The cost to investigate, tear out and/or replace any part of a “building structure” or other covered property as needed to gain access to unsafe levels of “fungi”, wet or dry rot or bacteria;
- c. The cost of testing of air, surfaces or property to confirm the absence, presence or levels of “fungi”, wet or dry rot or bacteria whether performed prior to, during, or after removal, repair, restoration or replacement. The cost of such testing will be provided only to the extent that there is a reason to believe that there is the presence of unsafe levels of “fungi”, wet or dry rot or bacteria.

13. Loss Assessment

- a. We will pay up to \$10,000 for your share of loss assessment charged during the policy period against all members of a corporation or association of property owners. This applies only when the assessment is made as a result of direct loss to property, owned by all members collectively, of the type that would be covered by this policy if owned by you, caused by a Peril Insured Against under Coverage A, other than:
 - (1) “Earthquake”; or
 - (2) Land shock waves or tremors before, during or after a volcanic eruption.

The limit of \$10,000 is the most we will pay with respect to any one loss, regardless of the number of assessments. We will only apply one deductible, per unit, to the total amount of any one loss to the property described above, regardless of the number of assessments. We do not cover assessments charged against you or a corporation or association of property owners by any governmental body.

- b. Paragraph 1. Policy Period under Sections I and II – Conditions does not apply to this coverage.

This coverage is additional insurance.

14. Identity Fraud Expense

DEFINITIONS

With respect to the provisions of this coverage only, the following definitions are added:

- a. “Identity fraud” means the act of knowingly transferring or using, without lawful authority, a means of identification of any “insured” with the intent:
 - (1) To commit; or
 - (2) To aid or abet another to commit:
Any unlawful activity that constitutes a violation of federal law or a felony under any applicable state or local law.
- b. “Expenses” means:

- (1) Costs for notarizing affidavits or similar documents which attest to fraud required by financial institutions or similar credit grantors or credit agencies.
- (2) Costs for certified mail to law enforcement agencies, credit agencies, financial institutions or similar credit grantors.
- (3) Lost income resulting from time taken off work to:
 - (a) Complete fraud affidavits; or
 - (b) Meet with or talk to law enforcement agencies, credit agencies and/or legal counsel;Up to a maximum payment of \$200 per day. Total payment for lost income is not to exceed \$5,000.
- (4) Loan application fees for reapplying for a loan or loans when the original application is rejected solely because the lender received incorrect credit information.
- (5) Reasonable attorney fees incurred as a result of "identity fraud" to:
 - (a) Defend lawsuits brought against any "insured" by merchants, financial institutions or their collection agencies;
 - (b) Remove any criminal or civil judgments wrongly entered against any "insured"; and
 - (c) Challenge the accuracy or completeness of any information in a consumer credit report.
- (6) Charges incurred for long distance telephone calls to:
 - (a) Merchants;
 - (b) Law enforcement agencies;
 - (c) Financial institutions; or
 - (d) Similar credit grantors or credit agencies:to report or discuss an actual "identity fraud".

Identity Fraud Expense

We will pay up to \$15,000 for "expenses" incurred by any "insured" as the direct result of any one "identity fraud" first discovered or learned of during the policy period.

Any act or series of acts committed by one or more persons, or in which such person or persons are aiding or abetting others against any "insured", is considered to be one "identity fraud", even if a series of acts continues into a subsequent policy period.

EXCLUSIONS

The following exclusions apply to this coverage:

We do not cover:

- a. Loss arising out of or in connection with a "business" of any "insured".
- b. "Expenses" incurred due to any fraudulent, dishonest or criminal act by any "insured" or any person aiding or

abetting any "insured", or by any authorized representative of any "insured", whether acting alone or in collusion with others.

- c. Loss other than "expenses".

15. Auto Lock Coverage

If your car keys are stolen we will pay reasonable and necessary expenses, up to \$250, to replace or reprogram the auto keys or auto locks. This is the most we will pay for one theft, regardless of the number of keys or the number of cars.

You must have auto insurance with us for the auto to qualify for this coverage.

No deductible applies to this coverage.

16. Lost Luggage

We will pay up to \$500 in any one incident, for loss of your luggage and personal property while in the care, custody, or control of a commercial passenger carrier.

You must submit a claim to the commercial passenger carrier within 30 days of loss. The coverage provided:

- a. Is excess over any other insurance or coverage provided by the commercial carrier; and
- b. Does not apply to loss of money, checks, stored value cards or money orders.

SECTION I – PERILS INSURED AGAINST

COVERAGE A – Dwelling

COVERAGE B – Other Structures

We insure against risk of direct physical loss to the property described in Coverages A and B. We do not insure, however, for loss caused by:

1. Collapse, other than as provided in Additional Coverage 7.
2. Freezing of a plumbing, heating, air conditioning or automatic fire protective sprinkler system or of a household appliance, or by discharge, leakage or overflow from within the system or appliance caused by freezing. This exclusion applies only while the dwelling is vacant of contents or furnishings, unoccupied or being constructed unless you have used reasonable care to:
 - a. Maintain heat in the building; or
 - b. Shut off the "water" supply and drain the system and appliances of "water";
3. Freezing, thawing, pressure or weight of "water", snow or ice, whether driven by wind or not, to a:
 - a. Fence, pavement, patio, wood deck, swimming pool, spa or hot tub;
 - b. Footing, foundation, bulkhead, wall, or any other structure or device that supports all or part of a building or other structure;
 - c. Retaining wall or bulkhead that does not support all or part of a building or other structure; or

- d. Pier, wharf or dock;
- 4. Theft in or to a dwelling under construction, or of materials and supplies for use in the construction until the dwelling is completed and occupied;
- 5. Vandalism or malicious mischief or breakage of glass and safety glazing materials if the dwelling has been vacant of contents or furnishings for more than 30 consecutive days immediately before the loss. A dwelling being constructed is not considered vacant;
- 6
 - a. Wear and tear, marring, deterioration;
 - b. Inherent vice, latent defect, mechanical breakdown;
 - c. Corrosion, electrolysis, or rust;
 - d. Mold, mildew, "fungi", wet or dry rot, other than as provided in Additional Coverage 12.
 - e. "Contamination", smog, smoke from agricultural smudging or industrial operations;
 - f. Settling, cracking, shrinking, bulging or expansion of pavements, patios, foundations, walls, floors, roofs or ceilings;
 - g. Birds, vermin, rodents, insects or domestic animals;
 - h. Release, discharge or dispersal of insecticides, contaminants or pollutants;
 - i. Growth of trees, shrubs, plants or lawns, including their roots, whether or not such growth is above or below the surface of the ground.

If any of these cause "water" damage not excepted above or otherwise excluded, from a plumbing, heating, air conditioning or automatic fire protective sprinkler system or household appliance, we cover loss caused by the "water" including the cost of tearing out and replacing any part of a "residence premises" necessary to repair the system or appliance. We do not cover loss to the system or appliance from which this "water" escaped.

7. Section I – Exclusions;

Under items 1. through 6. above, any ensuing loss to property described in Coverages A and B not excluded or excepted in this policy is covered.

COVERAGE C –Personal Property

We insure for direct physical loss to property described in Coverage C caused by a peril listed below unless the loss is excluded in Section I – Exclusions.

- 1. Fire or lightning
- 2. Windstorm or hail

This peril does not include loss to the property contained in a "building structure" caused by rain, snow, sleet, sand or dust unless the direct force of wind or hail damages the "building structure" causing an opening in a permanent roof or wall and the rain, snow, sleet, sand or dust enters through this opening.

This peril includes loss to watercraft of all types and their trailers, furnishings, equipment and outboard motors, only while inside a fully enclosed "building structure".

3. **Explosion**, including its shock waves.
4. **Riot or civil commotion**
5. **Aircraft** and their sonic booms including self-propelled missiles and spacecraft.
6. **Vehicles**, meaning impact from a vehicle, but not including damage to the vehicle itself.
7. **Smoke**, meaning sudden and accidental damage from smoke.

This peril does not include loss caused by smoke from agricultural smudging or industrial operations.

8. **Vandalism or malicious mischief**
9. **Theft**, including attempted theft and loss of property from a known location when it is likely that the property has been stolen.

This peril does not include loss caused by theft:

- a. Committed by, or at the direction of, any "insured";
- b. In or to a dwelling under construction, or of materials and supplies for use in the construction until the dwelling is completed and occupied; or
- c. From that part of a "residence premises" rented by an "insured" to other than an "insured".

This peril does not include loss that occurs away from the "residence premises":

- a. While the property is at any other residence owned, rented to or occupied by any "insured", except while any "insured" is temporarily residing there. Property of a student who is an "insured" is covered while at a residence away from home;
- b. Of trailers and campers.

10. **Falling objects**

This peril does not include loss to property contained in a "building structure" unless the permanent roof or an exterior wall of the "building structure" is first damaged by a falling object. Damage to the falling object itself is not included.

11. **Weight of ice, snow or sleet** which causes damage to property contained in a "building structure".
12. **Accidental discharge or overflow of "water" or steam** from within a plumbing, heating, air conditioning or automatic fire protective sprinkler system or from within a household appliance.

This peril does not include loss:

- a. To the appliance from which the "water" or steam escaped;
- b. Caused by or resulting from freezing;

- c. On the "residence premises" caused by accidental discharge or overflow which occurs off the "residence premises".
- d. Caused by or resulting in the presence, growth, proliferation, spread, or any activity of "fungi", wet or dry rot or bacteria.

13. Sudden and accidental tearing apart, cracking, burning or bulging Of a steam or hot water heating system, an air conditioning or automatic fire protective sprinkler system, or an appliance for heating "water".

We do not cover loss caused by or resulting from freezing under this peril.

14. Freezing of a plumbing, heating, air conditioning or automatic fire protective sprinkler system or of a household appliance.

This peril does not include loss on the "residence premises" while the dwelling is unoccupied, unless you have used reasonable care to:

- a. Maintain heat in the "building structure"; or
- b. Shut off the "water" supply and drain the system and appliances of "water".

15. Sudden and accidental damage to electrical appliances, devices, fixtures and wiring from an increase or decrease of artificially generated electrical current.

We will only pay up to \$1,000 for all items damaged by this peril.

16. Damage by glass or safety glazing material which is part of a "building structure", storm door or storm window.

This peril does not include loss on the "residence premises" if the dwelling has been vacant of contents or furnishings for more than 30 consecutive days immediately before the loss. A dwelling being constructed is not considered vacant.

SECTION I – EXCLUSIONS

- 1. We do not insure for loss caused directly or indirectly by any of the following events. This means that you will not be covered for any loss which was proximately caused by one or more of the excluded events set forth below. You will not receive coverage regardless of: **(a)** whether other causes acted concurrently or in any sequence with an excluded event to produce the loss if the loss was proximately caused by an excluded event; or **(b)** whether the excluded event occurs suddenly or gradually, involved isolated or widespread damage, arises from natural or external forces, or occurs as a result of any combination of these factors.
 - a. **Ordinance or Law**, which means any ordinance or law:
 - (1) Requiring or regulating the construction, demolition, remodeling, renovation or repair of a "building structure" or other structure, including

removal of any resulting debris. This Exclusion 1.a. (1) does not apply to the amount of coverage that may be provided for in 11. Building Code Upgrade Coverage under Section I – Additional Coverages. However, we do cover the replacement of damaged glass, constituting a part of the “building structure”, with safety glazing material where required by any ordinance or law;

- (2) The requirements of which result in a loss in value to any covered “building structure” or other structure; or
- (3) Requiring any “insured” or others to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, pollutants or “contaminants”.

Pollutants means, any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

This Exclusion 1.a. applies whether or not the property has been physically damaged.

- b. **Earth Movement**, meaning any natural or artificially created loss of any kind attributable in whole or in part to any movement of the earth or soil, whether on or off the “residence premises”, that is caused by, resulting from, contributed to or aggravated by rain or snow, including run-off from same, “earthquake”, landslide, mudflow, earth sinking, rising or shifting, volcanic eruption meaning the eruption, explosion or effusion of a volcano, unless direct loss by:

- (1) Fire;
- (2) Explosion other than the explosion of a volcano; or
- (3) Breakage of glass or safety glazing material which is part of a “building structure”, storm door or storm window;

ensues, and then we will pay only for the ensuing loss. This exclusion does not apply to loss by theft.

- c. **Water Damage**, meaning:

- (1) Flood or surface “water” from rain or snow, waves, tidal “water”, tidal wave, tsunami, seiche, sea surge, overflow of a body of “water”, or spray from any of these, whether or not driven by wind;
- (2) Release or escape of “water” held by a dam, levy or dike or by a “water” or flood control device;
- (3) “Water” or “water”-borne material which backs up through sewers or drains or which overflows or is discharged from a sump, sump pump or related equipment located off the “residence premises”; or
- (4) “Water” below the surface of the ground whether occurring naturally or artificially, including “water” which exerts pressure on, or seeps or leaks

through a "building structure", sidewalk, driveway, foundation, swimming pool, spa, hot tub or other structure;

caused by or resulting from intentional or unintentional human or animal forces or any act of nature.

Direct loss by fire, explosion or theft resulting from "water" damage is covered.

- d. **Power Interruption**, meaning the interruption of power or other utility service if the interruption takes place away from the "residence premises", except to the extent that freezer food coverage is provided under Additional Coverages. If a Peril Insured Against ensues on the "residence premises", we will pay only for loss caused by the ensuing peril.
- e. **Neglect**, meaning neglect of the "insured" to use all reasonable means to save and preserve property at and after the time of a loss.
- f. **War**, including undeclared war, civil war, insurrection, rebellion, revolution, war-like act by a military force or military personnel, destruction or seizure or use for a military purpose, and including any consequence of any of these. Discharge of a nuclear weapon shall be deemed a war-like act even if accidental.
- g. **Nuclear Hazard**, to the extent set forth in the Nuclear Hazard Clause of Section I – Conditions.
- h. **Intentional Loss**, meaning any loss arising out of any act committed by or at the direction of any "insured" with the intent to cause a loss.
- i. **"Fungi", Wet or Dry Rot or Bacteria**, whether caused by or consisting of, which means the presence, growth, proliferation, spread or any activity of "fungi", wet or dry rot or bacteria, unless:
 - (1) Direct loss by fire or lightning; or
 - (2) Additional Coverage 12. applies.
- j. **Terrorism**, meaning any intentional or accidental use of force or violence and/or threat thereof against person(s), property or communication/ information system(s) by any person(s) or group(s) of persons motivated by or committed for political, religious, social, racial, ethnic, ideological, philosophical or similar purpose(s). This includes the intention to:
 - (1) Put any sector of the public in fear;
 - (2) Intimidate, coerce, influence or punish any sector of the public or any government; and/or
 - (3) Disrupt any segment of the economy, including, but not limited to, disrupting or interfering with electronic or communication/information system(s).

This exclusion will only apply when the insured damage to all types of property, including "business" interruption losses in the United States, its territories and possessions and

Puerto Rico, sustained by all persons and entities affected by the act(s) of terrorism exceeds a total of \$100,000,000 as determined by the Property Claims Services (PCS) and is attributable to a single act of terrorism or to multiple acts of terrorism which appear to be carried out in concert or to have a related purpose or common leadership.

Terrorism does not include vandalism and malicious mischief. For purposes of this exclusion vandalism and malicious mischief do not include acts which are committed for the purpose of, or having the effect of intending to:

- (1) Put any sector of the public in fear;
 - (2) Intimidate, coerce, influence or punish any sector of the public or any government; and/or
 - (3) Disrupt any segment of the economy, including, but not limited to, disrupting or interfering with electronic or communication/information system(s).
2. We do not insure for loss to property described in Coverages A and B caused by any of the following. However, any ensuing loss to property described in Coverages A and B not excluded or excepted in this policy is covered.
 - a. Weather Conditions. However, this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in sub-paragraphs d. through h. of paragraph 1. above to produce the loss. Any and all loss or damage described in sub-paragraph b. or c. of paragraph 1. above that is contributed to in any way by weather conditions shall be, and will remain, excluded in its entirety;
 - b. Acts or Decisions, including the failure to act or decide, of any person, group, organization or governmental body;
 - c. Faulty, Inadequate or Defective:
 - (1) Planning, zoning, development, surveying, siting;
 - (2) Design, specifications, workmanship, repair, construction, compaction;
 - (3) Materials used in repair, construction, renovation or remodeling;
 - (4) Maintenance; or
 - (5) Establishment or enforcement of building codes or standards for construction or materials;

of part or all of any property whether on or off the "residence premises".

SECTION I – CONDITIONS

1. Insurable Interest and Limit of Liability

Even if more than one person has an insurable interest in the property covered, we shall not be liable:

- a. To the "insured" for an amount greater than the "insured's" interest; nor
- b. For more than the applicable limit of liability.

2. Your Duties After Loss

In case of a loss to which this insurance may apply, you shall see that the following duties are performed:

- a. Give immediate notice to us or our agent, and in case of theft also to the police. In case of loss under the Credit Card coverage also notify the credit card company;
- b. Protect the property from further damage, make reasonable and necessary repairs required to protect the property, and keep an accurate record of repair expenditures;
- c. Prepare an inventory of damaged personal property showing, in detail, the quantity, description, place of purchase/acquisition, date of purchase/acquisition, "actual cash value" and amount of loss. Attach to the inventory all bills, receipts and related documents that substantiate the figures in the inventory;
- d. As often as we reasonably require and subject to all applicable provisions of the Insurance Code:
 - (1) Exhibit the damaged property;
 - (2) Provide us with original records and documents we request and permit us to make copies. Tax returns are privileged against disclosure under applicable law, but may be necessary to process or determine a claim; and
 - (3) Submit to and subscribe, outside the presence of any other "insured":
 - (a) Statements;
 - (b) Examinations under oath; and
 - (4) Produce representatives, employees, members of the "insured's" household or others to the extent it is within the "insured's" power to do so; and
- e. Submit to us, within 60 days after we request, your signed, sworn proof of loss which sets forth, to the best of your knowledge and belief:
 - (1) The time and cause of loss;
 - (2) Interest of the "insured" and all others in the property involved and all encumbrances on the property;
 - (3) Other insurance which may cover the loss;
 - (4) Changes in title or occupancy of the property during the term of the policy;
 - (5) Specifications of any damaged "building structure" and detailed estimates for repair of the damage;
 - (6) An inventory of damaged personal property described in 2.c.;
 - (7) Receipts for additional living expenses incurred and records supporting the fair rental value loss;
 - (8) Evidence or affidavit supporting a claim under the

Credit Card and Forgery and Counterfeit Money coverage, stating the amount and cause of loss.

3. Loss Settlement

Covered property losses are settled as follows:

- a. (1) Personal property;
- (2) Awnings, domestic appliances, outdoor antennas, satellite dishes and outdoor equipment, whether or not attached to the "building structure"; and
- (3) Structures that are not "building structures", except fences;
at "actual cash value" at the time of loss but not to exceed the amount necessary to repair or replace or the applicable limit of liability.
- b. "Building structures" under Coverage A or B at "replacement cost" without deduction for depreciation, subject to the following:
 - (1) If at the time of loss the amount of insurance in this policy on the damaged "building structure" is 80% or more of the full "replacement cost" of the "building structure" immediately prior to the loss, we will pay the cost of repair or replacement, without deduction for depreciation, but not exceeding the smallest of the following amounts:
 - (a) The limit of liability under this policy applying to the "building structure";
 - (b) The "replacement cost" of that part of the "building structure" damaged for equivalent construction and use on the same premises; or
 - (c) The amount actually and necessarily spent to repair or replace the damaged "building structure".
 - (2) If at the time of loss the amount of insurance in this policy on the damaged "building structure" is less than 80% of the full "replacement cost" of the "building structure" immediately prior to the loss, we will pay the larger of the following amounts, but not exceeding the limit of liability under this policy applying to the "building structure":
 - (a) The "actual cash value" of that part of the "building structure" damaged; or
 - (b) That proportion of the cost to repair or replace, without deduction for depreciation, of that part of the "building structure" damaged, which the total amount of insurance in this policy on the damaged "building structure" bears to 80% of the "replacement cost" of the "building structure".
 - (3) In determining the amount of insurance required to equal 80% of the full "replacement cost" of the "building structure" immediately prior to the loss, you shall disregard the value of excavations,

foundations, piers and other supports which are below the undersurface of the lowest basement floor or, where there is no basement, which are below the surface of the ground inside the foundation walls, and underground flues, pipes, wiring and drains.

- (4) When the cost to repair or replace the damage is more than \$1,000 or more than 5% of the amount of insurance in this policy on the "building structure", whichever is less, we will pay no more than the "actual cash value" of the damage until actual repair or replacement is completed and costs incurred.
- (5) You may disregard the "replacement cost" loss settlement provisions and make claim under this policy for the "actual cash value" for loss to "building structures". You may then make claim for "replacement cost" value according to the provisions of this Condition 3., provided that you:

 - (a) Complete the actual repair or replacement of the damaged part of the property within 12 months from the date that we make our first payment to you towards the "actual cash value"; and,
 - (b) Notify us of your claim within 30 days after the work has been completed.

Prior to the deadline, we may grant you extensions of up to six months to complete the work on a showing of good cause.
- (6) If the loss relates to a "state of emergency", as defined in Section 8558 of the Government Code, paragraph b.(5) does not apply. In that event, you may disregard the "replacement cost" loss settlement provisions and make claim under this policy for the "actual cash value" for loss to "building structures". You may then make claim for "replacement cost" value according to the provisions of this Condition 3., provided that you:

 - (a) Complete the actual repair or replacement of the damaged part of the property within 24 months from the date that we make our first payment to you toward the "actual cash value"; and,
 - (b) Notify us of your claim within 30 days after the work has been completed.

Prior to the deadline, we may grant you extensions of up to six months to complete the work on a showing of good cause.
- (7) In the event of a total loss of the "building structure" under Coverage A or B, you may rebuild or replace the "building structure" at an address other than that stated in the Declarations. Such replacement will not increase the amount we will pay under paragraph 3.b. (1) or (2) above, which

does not include the value of any land associated with the "building structure" under Coverage A or B that sustained a total loss.

4. Loss to a Pair or Set

In case of loss to a pair or set we may elect to:

- a. Repair or replace any part or restore the pair or set to its value before the loss; or
- b. Pay the difference between "actual cash value" of the property before and after the loss.

5. Glass Replacement

Subject to a \$50 deductible, loss for damage to glass caused by a Peril Insured Against shall be settled on the basis of replacement with safety glazing materials when required by ordinance or law.

6. Appraisal

If you and we fail to agree on the amount of a covered loss, either one can request that the amount of the loss be set by appraisal. If either makes a written request for appraisal, each shall select a competent, independent appraiser and notify the other of the appraiser's identity within 20 days of receipt of the written request. Where the request is accepted, the two appraisers shall then select a competent, impartial umpire. If the two appraisers are unable to agree upon an umpire within 15 days, you or we can ask a judge of a court of competent jurisdiction in the state where the "residence premises" is located to select an umpire.

Appraisal proceedings are informal unless you and we mutually agree otherwise. For purposes of this section, "informal" means that no formal discovery shall be conducted, including depositions, interrogatories, requests for admission, or other forms of formal civil discovery, no formal rules of evidence shall be applied, and no court reporter shall be used for the proceedings.

The appraisers shall then set the amount of the loss. If the appraisers submit a written report of an agreement to us, the amount agreed upon shall be the amount of the loss. If the appraisers fail to agree within a reasonable time, they shall submit their differences to the umpire. Written agreement signed by any two of these three shall set the amount of the loss. Each appraiser shall be paid by the party selecting that appraiser. Other expenses of the appraisal and the compensation of the umpire shall be paid equally by you and us.

In the event of a government-declared disaster, as defined in the Government Code, appraisal may be requested by either you or us but shall not be compelled.

7. Other Insurance

If a loss covered by this policy is also covered by other insurance, we will pay only the proportion of the loss that the limit of liability that applies under this policy bears to the total amount of insurance covering the loss.

8. Suit Against Us

No action shall be brought unless there has been compliance with the policy provisions and the action is started within one year after the date of loss or damage.

9. Our Option

If we give you written notice within 30 days after we receive your signed, sworn proof of loss, we may repair or replace any part of the property damaged with equivalent property. We may take part or all of the covered damaged property at the agreed or appraised value, though we are not obligated to take any such property.

10. Loss Payment

We will adjust all losses with you. We will pay you unless some other person is named in the policy or is legally entitled to receive payment. Loss will be payable 60 days after we receive your proof of loss and:

- a. Reach agreement with you; or
- b. There is an entry of a final judgment; or
- c. There is a filing of an appraisal award with us.

11. Abandonment of Property

We need not accept any property abandoned by any "insured".

12. Mortgage Clause

The word "mortgagee" includes trustee. If a mortgagee is named in this policy, any loss payable under Coverage A or B shall be paid to the mortgagee and you, as interests appear. If more than one mortgagee is named, the order of payment shall be the same as the order of precedence of the mortgagees.

If we deny your claim that denial shall not apply to a valid claim of the mortgagee, if the mortgagee:

- a. Notifies us of any change in ownership, occupancy or substantial change in risk of which the mortgagee is aware;
- b. Pays any premium due under this policy on demand if you have neglected to pay the premium;
- c. Submits a signed, sworn statement of loss within 60 days after receiving notice from us of your failure to do so. Policy conditions relating to Appraisal, Suit Against Us and Loss Payment apply to the mortgagee.

If we pay the mortgagee for any loss and deny payment to you:

- a. We are subrogated to all the rights of the mortgagee granted under the mortgage on the property; or
- b. At our option, we may pay to the mortgagee the whole principal on the mortgage plus any accrued interest. In this event, we shall receive a full assignment and transfer of the mortgage and all securities held as collateral to the mortgage debt.

Subrogation shall not impair the right of the mortgagee to recover the full amount of the mortgagee's claim.

13. No Benefit to Bailee

We will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any other provision of this policy.

14. Nuclear Hazard Clause

- a. "Nuclear Hazard" means any nuclear reaction, radiation or radioactive "contamination", all whether controlled or uncontrolled or however caused, or any consequence of any of these.
- b. Loss caused by the nuclear hazard shall not be considered loss caused by fire, explosion or smoke, whether these perils are specifically named in or otherwise included within the Perils Insured Against in Section I.
- c. This policy does not apply under Section I to loss caused directly or indirectly by nuclear hazard, except that direct loss by fire resulting from the nuclear hazard is covered.

15. Loss Deductible Clause

We pay for loss to covered property only when such loss exceeds \$250 and then only for the amount of such excess. This deductible applies separately to each loss.

16. Adjustments to Coverage Limits

The maximum limit for Coverage A as stated in the Declarations may be adjusted upon renewal of this policy based on indices that measure construction costs or inflation generally. We will not lower the Coverage A limit without your consent. You are responsible to advise us if the limits are insufficient to replace your property. At your request, we will assist you in estimating the "replacement cost" of your dwelling. The maximum limits for Coverages B, C and D will be adjusted upon each renewal date in the same proportion as the adjustment to Coverage A. The adjusted limits for Coverages A, B, C and D will be rounded to the next highest \$100 as shown in the Declarations.

17. Adjusters

If within a six-month period, we assign a third or subsequent adjuster to be primarily responsible for a claim, we will provide you in a timely manner with a written status report. For purposes of this section, a written status report shall include a summary of any decisions or actions that are substantially related to the disposition of a claim, including, but not limited to, the amount of losses to structures or contents, the retention or consultation of design or construction professionals, the amount of coverage for losses to structures or contents and all items of dispute.

18. Claim Related Documents

Within 15 days of your request, we will provide you with copies of "claim-related documents" in accordance with applicable provisions of the Insurance Code. Claim-related documents are documents that relate to the evaluation of damages, and are subject to exceptions from disclosure as specified in the Insurance Code and other applicable statutes.

SECTION II – LIABILITY COVERAGES

COVERAGE E – Personal Liability

If a claim is made or a suit is brought against any "insured" for "damages" because of "personal injury" or "property damage" caused by an "occurrence" to which this coverage applies, we will:

1. Pay up to our limit of liability for the "damages" for which the "insured" is legally liable; and
2. Provide a defense at our expense by counsel of our choice, even if the allegations are groundless, false or fraudulent. We may make any investigation and settle any claim or suit that we decide is appropriate. Our obligation to defend any claim or suit ends when the amount we pay for "damages" resulting from the "occurrence" equals our limit of liability.

COVERAGE F – Medical Payments to Others

We will pay the necessary medical expenses incurred within three years from the date of an accident causing "personal injury". Medical expenses means reasonable charges for medical, surgical, x-ray, dental, ambulance, hospital, professional nursing, prosthetic devices and funeral services. This coverage does not apply to you or regular residents of your household other than "residence employees". As to others, this coverage applies only:

1. To a person on the "insured location" with the permission of any "insured"; or
2. To a person off the "insured location", if the "personal injury":
 - a. Arises out of a condition in the "insured location" or the ways immediately adjoining;
 - b. Is caused by the activities of any "insured";
 - c. Is caused by a "residence employee" in the course of the "residence employee's" employment by any "Insured"; or
 - d. Is caused by an animal owned by or in the care of any "insured".

SECTION II – EXCLUSIONS

1. **Coverage E – Personal Liability and Coverage F – Medical Payments to Others** do not apply to "personal injury" or "property damage":
 - a. The type of which is expected or intended by any "insured";
 - b. Arising out of past or present "business" pursuits of any "insured".

This exclusion does not apply to:

- (1) Activities which are ordinarily incident to non-"business" pursuits; or
- (2) The rental or holding for rental of a residence of yours:
 - (a) On an occasional basis for the exclusive use as a residence;
 - (b) In part, unless intended for use as a residence by more than two roomers or boarders; or
 - (c) In part, as an office, school, studio or private garage;
- c. Arising out of the rendering or failing to render professional services;
- d. Arising out of any premises owned or rented to any "insured" which is not an "insured location";
- e. Arising out of the:
 - (1) Ownership, maintenance, use, loading or unloading of motor vehicles or all other motorized land conveyances, including any trailers, owned or operated by or rented or loaned to any "insured"; or
 - (2) Entrustment by the "insured" of a motor vehicle, watercraft of all types, aircraft or any other motorized land conveyance to any person.

This exclusion does not apply to:

- (1) A trailer not towed by or carried on a motorized land conveyance;
- (2) A motorized land conveyance designed for recreational use off public roads, not subject to motor vehicle registration, and owned by any "insured", while on an "insured location";
- (3) A motorized golf cart designed to carry up to 4 persons, not built or modified after manufacture to exceed a speed of 25 miles per hour on level ground and at the time of an "occurrence" is within the legal boundaries of:
 - (a) A golfing facility and is parked or stored there, or being used by an "insured" to:
 - (i) Play the game of golf or for other recreational or leisure activity allowed by the facility;
 - (ii) Travel to or from an area where motor vehicles or golf carts are parked or stored; or
 - (iii) Cross public roads at designated points to access other parts of the golfing facility; or
 - (b) A private residential community, including its public roads upon which a motorized golf cart can legally travel which is subject to the

authority of a property owners association and contains an "insured's" residence.

- (4) A motorized land conveyance designed and exclusively used by any "insured" for assisting the handicapped or for the maintenance of an "insured location" which is not designed for travel on public roads and not subject to motor vehicle registration;
- f. Arising out of the ownership, maintenance, use, loading or unloading of a watercraft:
 - (1) Owned by or rented to any "insured" if the watercraft has inboard or inboard-outdrive motor power of more than 50 horsepower or is a sailing vessel, with or without auxiliary power, 26 feet or more in overall length;
 - (2) Powered by one or more outboard motors with more than 50 total horsepower if the outboard motor is owned by any "insured". However, outboard motors of more than 50 total horsepower are covered for the policy period if:
 - (a) They are acquired by you prior to the policy period and:
 - (i) Declared by you at policy inception; or
 - (ii) Your intention to insure is reported in writing to us within 45 days after newly acquiring the outboard motors.
 - (b) They are acquired by you during the policy period.

This exclusion does not apply while the watercraft is stored;

- g. Arising out of the ownership, maintenance, use, loading or unloading of an aircraft, meaning any contrivance used or designed for navigation of or flight in the air, except model aircraft of the hobby variety not used or designed for the transportation of people or cargo;
- h. Caused directly or indirectly by war, including undeclared war, civil war, insurrection, rebellion, revolution, war-like act by a military force or military personnel, destruction or seizure or use for military purposes, and including any consequence of any of these. Discharge of a nuclear weapon shall be deemed a war-like act even if accidental;
- i. To "personal injury" sustained by a person as a result of an offense included in "personal injury" definitions b., c. and d. directly or indirectly related to the employment of such person by you;
- j. To "personal injury" arising out of "personal injury" definition c if the first injurious publication or utterance of the same or similar material by or on behalf of you was made prior to the effective date of this insurance;
- k. To "personal injury" arising out of "personal injury" definition c. concerning any organization or "business" enterprise, or its products or services, made by or at the direction of any "insured" with knowledge of the falsity thereof;

- l. To any person as an "insured" with respect to claims, suits or losses arising out of his activities as:
 - (1) An employee, officer, director, trustee or agent of the United States Government or any state, county, school district or any other political subdivision, or
 - (2) A candidate for public office or arising out of his activities on behalf of a candidate for public office;
- m. To punitive or exemplary "damages";
- n. Arising out of the transmission of a communicable or hereditary disease or physical condition by an "insured".
- o. To "personal injury" arising out of the discharge, dispersal, release or escape of vapors, fumes, acids, toxic chemicals, toxic gases, toxic liquids, toxic solids, waste materials or other irritants, contaminants or pollutants.

This exclusion does not apply to "personal injury" arising out of such discharge if sudden and accidental.

- p. To "property damage" caused by vapors, fumes, acids, toxic chemicals, toxic gases, toxic liquids, toxic solids, waste materials or other irritants, contaminants or pollutants.
- q. Arising out of statutorily imposed liability upon any "insured" in any matter, consisting of or caused by vapors, fumes, acids, toxic chemicals, toxic gases, toxic liquids, toxic solids, waste materials or other irritants, contaminants or pollutants.
- r. Arising out of the sale or transfer of real property, including, but not limited to:
 - (1) Known or unknown structural defects;
 - (2) Known or hidden defects in the plumbing, heating or electrical systems;
 - (3) Known or unknown soil conditions or drainage problems;
 - (4) Alleged concealment or misrepresentation of any known or unknown conditions in the real property.
- s. Arising directly or indirectly, in whole or in part, out of actual, alleged, or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of any "fungi", wet or dry rot or bacteria.
- t. Resulting from terrorism, meaning any intentional or accidental use of force or violence and/or threat thereof against person(s), property or communication/information system(s) by any person(s) or group(s) of persons motivated by or committed for political, religious, social, racial, ethnic, ideological, philosophical or similar purpose(s). This includes the intention to:
 - (1) Put any sector of the public in fear;
 - (2) Intimidate, coerce, influence or punish any sector of the public or any government; and/or

- (3) Disrupt any segment of the economy, including, but not limited to, disrupting or interfering with electronic or communication/information system(s).

This exclusion will only apply when the insured damage to all types of property, including "business" interruption losses in the United States, its territories and possessions and Puerto Rico, sustained by all persons and entities affected by the act(s) of terrorism exceeds a total of \$100,000,000 as determined by the Property Claims Services (PCS) and is attributable to a single act of terrorism or to multiple acts of terrorism which appear to be carried out in concert or to have a related purpose or common leadership.

Exclusions d., e., f. and g. do not apply to "personal injury" to any "residence employee" arising out of and in the course of the "residence employee's" employment by any "insured".

2. Coverage E – Personal Liability does not apply to:

- a. Liability:
 - (1) For your share of any loss assessment charged against all members of a corporation or association of property owners;
 - (2) Under any other contract or agreement, including real estate sales contract, except those written contracts directly relating to the maintenance of the "insured location" not excluded in (1) above or elsewhere in this policy;
- b. "Property damage" to property owned by the "insured" or any other resident of the "insured's" household;
- c. "Property damage" to property rented to, occupied or used by or in the care, custody or control of the "insured". This exclusion does not apply to "property damage" caused by fire, smoke or explosion;
- d. "Personal injury" to any person eligible to receive any benefits:
 - (1) Required to be provided; or
 - (2) Voluntarily provided; by the "insured" under any:
 - (1) Workers' or workmen's compensation law;
 - (2) Non-occupational disability law; or
 - (3) Occupational disease law;
- e. "Personal injury" or "property damage" for which any "insured" under this policy:
 - (1) Is also an "insured" under a nuclear energy liability policy; or
 - (2) Would be an "insured" but for its termination upon exhaustion of its limit of liability.

A nuclear energy liability policy is a policy issued by:

- (1) American Nuclear Insurers;
- (2) Mutual Atomic Energy Liability Underwriters;
- (3) Nuclear Insurance Association of Canada; or any

of their successors; or

- f. "Personal injury" to you and any "insured" within the meaning of part a., b., c., d. or e. of Definition 9. "insured".

3. Coverage F – Medical Payments to Others does not apply to "personal injury":

- a. To a "residence employee" if it occurs off the "insured location" and does not arise out of or in the course of the "residence employee's" employment by any "insured";
- b. To any person eligible to receive any benefits:
 - (1) Required to be provided; or
 - (2) Voluntarily provided; under any:
 - (1) Workers' or workmen's compensation law;
 - (2) Non-occupational disability law; or
 - (3) Occupational disease law;
- c. From any:
 - (1) Nuclear reaction;
 - (2) Nuclear radiation; or
 - (3) Radioactive "contamination"; all whether controlled or uncontrolled or however caused; or
 - (4) Any consequence of any of these;
- d. To any person other than a "residence employee" of any "insured", regularly residing on any part of the "insured location".

SECTION II – ADDITIONAL COVERAGES

We cover the following in addition to the limits of liability:

1. Claim Expenses

We pay:

- a. Expenses incurred by us and costs taxed against any "insured" in any suit we defend;
- b. Premiums on bonds for covered losses required in a suit defended by us, but not for bond amounts greater than the limit of liability for Coverage E. We are not obligated to apply for or furnish any bond;
- c. Reasonable expenses incurred by any "insured" at our request, including actual loss of earnings (but not loss of other income) up to \$200 per day for assisting us in the investigation or defense of any claim or suit;
- d. Interest on the entire judgment which accrues after entry of the judgment and before we pay or tender, or deposit in court that part of the judgment which does not exceed the limit of liability that applies.

2. First Aid Expenses

We will pay up to \$1,000 per person/\$5,000 per "occurrence" for reasonable first aid expenses incurred by any "insured"

because of "personal injury" covered under this policy. We will not pay for first aid to you or any other "insured".

3. Damage to Property of Others

We will pay on a "replacement cost" basis up to \$1,000 per "occurrence" for "property damage" to property of others caused by any "insured".

We will not pay for "property damage":

- a. To property covered under Section I of this policy;
- b. Caused intentionally by any "insured" who is 13 years of age or older;
- c. To property owned by or rented to any "insured", a tenant of any "insured" or a resident in your household; or
- d. Arising out of:
 - (1) "Business" pursuits;
 - (2) Any act or omission in connection with a premises owned, rented or controlled by any "insured", other than the "insured location"; or
 - (3) The ownership, maintenance or use of aircraft, watercraft of any type or motor vehicles or all other motorized land conveyances.

4. Loss Assessment

- a. We will pay up to \$10,000 for your share of any loss assessment charged during the policy period against all members of a corporation or association of property owners providing the loss assessment arises from:
 - (1) An "occurrence" that results in "personal injury" or "property damage" not excluded from coverage under Section II – Exclusions; or
 - (2) Liability for an act of a director, officer or trustee in the capacity as a director, officer or trustee, provided, such person:
 - (a) Is elected by the members of a corporation or association of property owners; and
 - (b) Serves without deriving any income from the exercise of duties which are solely on behalf of a corporation or association of property owners.
- b. Paragraph 1. Policy Period under Sections I and II – Conditions does not apply to this Loss Assessment Coverage.
- c. Regardless of the number of assessments, the limit of \$10,000 is the most we will pay for loss arising out of:
 - (1) One accident, including continuous or repeated exposure to substantially the same general harmful condition; or
 - (2) A covered act of a director, officer or trustee. An act involving more than one director, officer or trustee is considered to be a single act.

- d. We do not cover assessments charged against you or a corporation or association of property owners by any governmental body.

SECTION II – CONDITIONS

1. Limit of Liability

Regardless of the number of “insureds”, claims made or persons injured, our total liability under Coverage E stated in this policy for all “damages” resulting from any one “occurrence” shall not exceed the limit of liability for Coverage E stated in the Declarations.

Our total liability under Coverage F for all medical expense payable for “personal injury” to one person as the result of one accident shall not exceed the limit of liability for Coverage F stated in the Declarations.

2. Severability of Insurance

This insurance applies separately to each “insured”. This condition shall not increase our limit of liability for any one “occurrence”.

3. Duties After Loss

In case of an accident, “occurrence”, or claim for “personal injury” or “property damage”, the “insured” shall perform the following duties that apply. You shall cooperate with us in seeing that these duties are performed:

- a. Give written notice to us or our agent as soon as practicable, which sets forth:
 - (1) The identity of the policy and “insured”;
 - (2) Reasonably available information on the time, place and circumstances of the accident, “occurrence” or claim; and
 - (3) Names and addresses of any claimants and available witnesses and other persons involved;
- b. Forward to us every notice, demand, summons, complaint or other process relating to the accident, “occurrence” or claim;
- c. At our request, assist in:
 - (1) Making settlement;
 - (2) The enforcement of any right of contribution or indemnity against any person or organization who may be liable to any “insured”;
 - (3) The conduct of suits and attend hearings and trials;
 - (4) Securing and giving evidence and obtaining the attendance of witnesses;
- d. Under the coverage Damage to Property of Others submit to us within 60 days after the loss, a sworn statement of loss and exhibit the damaged property, if within the “insured’s” control;
- e. No “insured” shall, except at the “insured’s” own cost, voluntarily make any payment, assume any obligation

or incur any expense other than for first aid to others at the time of the "personal injury".

4. Duties of an Injured Person – Coverage F – Medical Payments to Others

The injured person or someone acting on behalf of the injured person shall:

- a. Give us written proof of claim, under oath if required, as soon as practicable;
- b. Execute authorizations to allow us to obtain copies of medical reports and records; and
- c. Submit to physical examination by a physician selected by us when and as often as we reasonably require.

5. Payment of Claim – Coverage F – Medical Payments to Others

Payment under this coverage is not an admission of liability by any "insured" or us.

6. Suit Against Us

No action shall be brought against us unless there has been compliance with the policy provisions.

No one shall have any right to join us as a party to any action against any "insured". Further, no action with respect to Coverage E shall be brought against us until the obligation of the "insured" has been determined by final judgment or agreement signed by us.

7. Bankruptcy of Any "Insured"

Bankruptcy or insolvency of any "insured" shall not relieve us of any of our obligations under this policy.

8. Other Insurance Coverage E – Personal Liability

This insurance is excess over any other valid and collectible insurance except insurance written specifically to cover as excess over the limits of liability that apply in this policy.

SECTIONS I AND II – CONDITIONS

1. Policy Period

This policy applies only to loss under Section I or "personal injury" or "property damage" under Section II, which occurs during the policy period.

2. Concealment or Fraud

This entire policy is void:

- a. If it was obtained by fraud or concealment of any material facts or circumstances. If it is determined that the policy is void, all premiums paid will be returned to you since there has been no coverage under this policy; or
- b. If any "insured" has knowingly and willfully concealed or misrepresented any material fact or circumstance relating to this insurance before or after a claim or loss.

3. Liberalization Clause

If we adopt any revision which would broaden the coverage under this policy without additional premium within 60 days prior to or during the policy period, the broadened coverage will immediately apply to this policy.

4. Waiver or Change of Policy Provisions

A waiver or change of any provision of this policy must be in writing by us to be valid. Our request for an appraisal or examination shall not waive any of our rights.

5. Cancellation and Non-Renewal

- a. Your right to cancel. You may cancel this policy by calling or writing us, and stating the future date that the cancellation is to be effective.
- b. Time for giving notice of cancellation. If we decide to cancel this policy, we will mail to you at the address shown in the Declarations or deliver to you notice of cancellation:
 - (1) Not less than 10 days prior to the effective date of cancellation for non-payment of premium; or
 - (2) Not less than 20 days prior to the effective date of cancellation for any reason other than non-payment of premium.

If we choose to mail the notice of cancellation, there are legal requirements affecting how we mail the notice and which extend the notice periods given above depending on where the notice is mailed. These requirements are given in Section 1013(a) of the Code of Civil Procedure.

- c. Time for giving notice of non-renewal. If we decide not to renew this policy, we will mail to you at the address shown in the Declarations or deliver to you notice of non-renewal not less than 45 days before the effective date of the non-renewal.
- d. Grounds for cancellation and non-renewal.
 - (1) If this policy has been in effect for fewer than 60 continuous days and this policy is not a renewal of a prior policy with us, we may cancel this policy for any reason unless prohibited by law.
 - (2) If this policy has been in effect for 60 continuous days or more, or this policy is a renewal of a prior policy with us, we will cancel such a policy only for:
 - (a) Non-payment of premium; or
 - (b) Fraud or material misrepresentation by you or your representative in obtaining this policy or pursuing a claim under this policy; or
 - (c) Grossly negligent acts or omissions by you or your representative substantially increasing any hazard insured against; or
 - (d) Physical changes in the "insured location" which make the property uninsurable; or
 - (e) Any other reason unless prohibited by law.

- (3) We may elect not to renew this policy for any reason unless prohibited by law.
- e. Other matters concerning cancellation and non-renewal.
 - (1) Proof of mailing is proof of notice.
 - (2) Upon cancellation, you may be entitled to a premium refund; if so, we will send it to you but our making the offer of a refund is not a condition of cancellation. If you or we cancel, any refund will be computed on a pro-rata basis.

6. Assignment

Assignment of this policy shall not be valid unless we give our written consent.

7. Subrogation

Any "insured" may waive in writing before a loss all rights of recovery against any person. If not waived, we may require an assignment of rights of recovery for a loss to the extent that payment is made by us.

If an assignment is sought, any "insured" shall sign and deliver all related papers and cooperate with us in any reasonable manner.

Subrogation does not apply under Section II to Medical Payments to Others or Damage to Property of Others.

8. Death

If you die:

- a. We insure the appointed and qualified representative of the deceased but only with respect to the premises and property of the deceased covered under the policy at the time of death;
- b. "Insured" shall also include:
 - (1) Any member of your household who is an "insured" at the time of your death, but only while a resident of the "residence premises"; and
 - (2) With respect to your property, the person having proper temporary custody of the property until appointment and qualification of a legal representative. As to any person qualifying hereunder, they shall notify us of the death of the person named in the Declarations within 60 days of that person's death. Any renewal of the policy after the death may void the policy consistent with paragraph 2. above.

9. Changes

This policy and the Declarations include all the agreements between you and us relating to this insurance. No change or waiver may be effected in this policy except by endorsement issued by us. If a premium adjustment is necessary we will make the adjustment as of the effective date of the change. If the adjustment results in a refund, we may apply it to any premium balance owed on this policy, whether or not then due under our billing plan.

10. Unclaimed Property

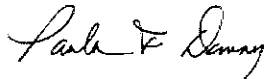
Unclaimed property may be transferred to the appropriate state if no activity occurs to claim the property within the time period specified by state law. Any check, bank draft or other form of payment issued by us with respect to this policy is subject to an administrative fee of \$2.00 if the check, bank draft or other form of payment has not been presented for payment or otherwise collected prior to the time the check, bank draft or other form of payment becomes unclaimed property under the laws of the state of residence of the payee. This provision applies to any amounts we are required by law to transfer as unclaimed property. This clause is void where prohibited by law.

In Witness Whereof, the CSAA Insurance Exchange has caused this policy to be signed by its Attorneys in Fact at Walnut Creek, California.

CSAA Insurance Services, Inc.

Attorney in Fact for

CSAA Insurance Exchange



President



Secretary

INCLUDED ENDORSEMENTS

LIMITED HOME REPLACEMENT

COST COVERAGE

HO 28 01 05

In exchange for your agreement to insure the dwelling and other "building structures" shown in the Declarations in accordance with the following provisions and to pay the applicable premium we agree that the limit of liability under Coverage A – Dwelling and Coverage B – Other Structures is increased to 150% of the respective amounts shown in the Declarations if:

- a. The dwelling and other "building structures" shown in the Declarations have been insured at the time this endorsement was added to the policy to 100% of their "replacement cost"; and
- b. Each annual adjustment to the limits of liability resulting from the Adjustments to Coverage Limits provisions of Section I – Coverages, conditions has been accepted by you; and
- c. You notify us within 90 days of the start of any additions or physical changes which increase the value of such

dwelling or other "building structures" on the "residence premises" by \$5,000 or more.

Coverage is limited to the amount reasonably necessary to repair or replace the dwelling and other "building structures", but does not include any costs required to replace, rebuild, stabilize or otherwise restore or protect the land.

This endorsement supersedes Section I – Conditions, 3.b. (1), (2) and (3).

All other provisions of this policy apply.

**WORKERS' COMPENSATION AND EMPLOYERS'
LIABILITY INSURANCE ENDORSEMENT –
CALIFORNIA
(Residence Employees)**

HO 90 10 86

For an additional premium we agree, with respect to "residence employees":

Under Coverage I

To pay when due all benefits required of an "insured" by the California Workers' Compensation Law; and

Under Coverage II

To pay on behalf of an "insured" all "damages" for which the "insured" is legally liable because of "bodily injury" sustained by a "residence employee". The "bodily injury" must be caused by accident or disease and arise out of and in the course of employment by the "insured" while:

- a. In the United States of America, its territories or possessions, or Canada, or
- b. Temporarily elsewhere if the "residence employee" is a citizen or resident of the United States or Canada.

Coverage II does not apply to any suit brought in or judgment rendered by any court outside the United States of America, its territories and possessions, or Canada, or to any action on such judgment.

Who Is Covered

A "residence employee" is covered if during the 90 calendar days immediately before the date of injury the employee has:

- a. Actually been engaged in such employment by the "insured" for no less than 52 hours, and
- b. Earned no less than \$100 in wages.

Application of Coverage

This insurance applies only to "bodily injury" which occurs during the policy period. If the "bodily injury" is a disease, it must be caused or aggravated by the conditions of the "residence employee's" employment by the "insured".

Policy Provisions

This insurance is subject to all the provisions of this endorsement and the following provisions of this policy:

- a. Under Section I and II – Conditions:
 - 4. Waiver or Change of Policy Provisions
 - 5. Cancellation
 - 7. Assignment
 - 8. Subrogation
- b. Under Section II – Conditions:
 - 3. Duties After Loss.
 - 6. Suit Against Us.
- c. Our agreement to defend the “insured” as provided under Coverage E – Personal Liability.
- d. Under Section II – Additional Coverages:
 - 1. Claim Expenses.
 - 2. First Aid Expenses.
- e. The definition of “bodily injury,” “business,” “insured” and “residence employee.”

Additional Provisions Applicable to Coverage I

The following provisions are applicable to Coverage I:

- a. We shall be directly and primarily liable to any “residence employee” of an “insured” entitled to the benefits of the California Workers’ Compensation Law.
- b. As between the “residence employee” and us, notice to or knowledge of the “occurrence” of the injury on the part of an “insured” will be deemed notice or knowledge on our part.
- c. The jurisdiction of an “insured” will, for the purpose of the law imposing liability for compensation, be our jurisdiction.
- d. We will be subject to the orders, findings, decisions or awards rendered against an “insured”, under the provisions of the law imposing liability for compensation, subject to the provisions, conditions and limitations of this policy. This policy shall govern as between an “insured” and us as to payments by either in discharge on an “insured’s” liability for compensation.
- e. The “residence employee” has a first lien upon any amount which we owe you on account of this insurance. In case of your legal incapacity or inability to receive the money and pay it to the “residence employee”, we will pay it directly to the “residence employee”. Your obligation to the “residence employee” will be discharged to the extent of such payment.

Limits of Liability Coverage II

Our total limit of liability will not exceed \$100,000 for all damages arising out of “bodily injury” by disease or “bodily injury” sustained in any one accident, regardless of the number of “residence employees” who sustain “bodily injury” or the number of “insureds”.

Other Insurance

This insurance does not apply to any loss to which other valid and collectible Workers’ Compensation or Employers-Liability

Insurance applies.

Conformity to Statute

Terms of this insurance which are in conflict with the California Workers' Compensation Law are amended to conform to that law.

Exclusions

This policy does not apply:

- a. To liability for additional compensation imposed on an "insured" under Sections 4553 and 4557, Division IV, Labor Code of the State of California, because of the serious and willful misconduct of an "insured", or because of "bodily injury" to an employee under 16 years of age and illegally employed at the time of injury;
- b. To liability for "bodily injury" arising out of "business" pursuits of an "insured".
- c. Under Coverage II:
 1. To liability assumed by the "insured" under any contract or agreement.
 2. To "bodily injury" by disease unless a written claim is made or suit brought against the "insured" within 36 months after the end of the policy period.
 3. To any obligation under a workers' compensation, unemployment or disability benefits law or any similar law.

OPTIONAL ENDORSEMENTS

The endorsements listed below apply only if they are shown on the Declarations page of the policy applicable to the loss. We may change the terms and conditions of these endorsements for any renewal period by sending you a new edition of the endorsement.

ADDITIONAL RESIDENCE PREMISES – OCCUPIED BY INSURED

HARI 07 14

For an additional premium, this policy is amended as follows:

Section II:

Under Coverage E – Personal Liability and Coverage F – Medical Payments to Others the structure(s) shown in the Schedule received with your Declarations are included in the definition of "Insured Location".

REPLACEMENT VALUE ENDORSEMENT PERSONAL PROPERTY

HO 29 08 05

For an additional premium, we agree, subject to all conditions in this endorsement, to settle losses under Coverage C – Personal Property at replacement value instead of "actual cash value". Coverage under this endorsement is subject to and included in the limit of liability shown in the Declarations and does not increase that limit.

"Replacement value" means the current cost at time of loss

without deduction for depreciation to replace the damaged, destroyed, or stolen property with articles of like kind and quality.

This endorsement shall not apply to:

1. Property which by its inherent nature cannot be replaced;
2. Property not maintained in good or workable condition;
3. Property not being used by you or stored for such use; or
4. Property being stored and not used.

Our liability for loss to any property insured under this endorsement shall not exceed the smallest of the following:

1. The cost of repair or restoration;
2. The replacement value at time of loss; or
3. Any limit, or Special Limits of Liability described in the policy, including the Declarations.

We will not be liable for any loss under this endorsement unless and until actual repair or replacement is completed. You may elect to disregard this endorsement and make claim under this policy for the "actual cash value" for loss to damaged, destroyed, or stolen property. You may then make claim for "replacement value" according to the provisions of this endorsement provided that you:

- (a) Complete the actual repair or replacement of the damaged part of the property within 12 months from the date that we make our first payment to you toward the "actual cash value", or if the loss relates to a "state of emergency", as defined in Section 8558 of the Government Code, complete the actual repair or replacement of the damaged part of the property within 24 months from the date that we make our first payment to you toward the "actual cash value"; and,
- (b) Notify us of your claim within 30 days after the repair or replacement has occurred.

Prior to the deadline, we may grant you extensions of up to six months to repair or replace the damaged part of the property on a showing of good cause.

Special Exclusion. The coverage provided by this endorsement shall not apply to any loss caused by an "earthquake".

All other provisions of the policy, including any applicable deductible not in conflict with this endorsement, remain unchanged. However, if this policy provides "replacement cost" for Coverages A and B, losses to outdoor radio and television antennas and aerials, satellite dishes, awnings, domestic appliances and outdoor equipment will be settled at "replacement value" as well.

OTHER STRUCTURES RENTED TO OTHERS

HO 40

For an additional premium, this policy is amended as follows:

Section I:

We insure for direct physical loss to the structure(s) shown in the Declarations located on the "residence premises" rented or held

for rental to any person not a tenant of the described dwelling for use as a private residence for an amount not exceeding the limit of liability shown in the Schedule received with your Declarations. This amount shall be considered specific insurance applicable only to such structure(s).

Section II:

Under Coverage E – Personal Liability and Coverage F – Medical Payments to Others the structure(s) shown in the Schedule received with your Declarations are included in the definition of “residence premises”.

ADDITIONAL INSURED RESIDENCE PREMISES

HO 41 04 84

The definition of “insured” in this policy is amended to include any person or organization shown in the Declarations with respect to:

Section I:

Coverage A – Dwelling and Coverage B – Other Structures; and

Section II:

Coverage E – Personal Liability and Coverage F – Medical Payments to Others but only with respect to the “residence premises”.

This coverage does not apply to “personal injury” to any employee arising out of or in the course of the employee’s employment by the person or organization.

OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO OCCUPANCY RESIDENCE PREMISES

HO 42 08 08

For an additional premium, this policy is amended as follows:

Section I:

Under Coverage C – Personal Property the \$2,500 Special Limit of Liability for “business property” in Section I - Coverages is deleted for equipment, supplies and furnishings located on the “residence premises” and normally used in office, professional, private school or studio “business” occupancy specifically shown in the Schedule received with your Declarations.

Section II:

Under Coverage E – Personal Liability and Coverage F – Medical Payments to Others:

1. The “residence premises” shown in the Declarations shall not be considered “business property” because an “insured” occupies a part thereof as an office, school or studio.
2. Subpart (3) is added to Section II – Exclusions 1.b.as follows:
 - (3) Activities which are ordinarily incident to the specific “business” pursuits shown in the Schedule received with your Declarations.
3. This insurance does not apply to “personal injury” to:

- a. Any employee of any "insured" arising out of specific "business" pursuits shown in the Schedule received with your Declarations; or
- b. Any pupil arising out of corporal punishment administered by or at the direction of the "insured".

**OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR
STUDIO OCCUPANCY ADDITIONAL RESIDENCE
PREMISES (Section II Only)**

HO 43 04 84

For an additional premium, under Coverage E – Personal Liability and Coverage F – Medical Payments to Others:

1. The "residence premises" shown in the Declarations shall not be considered "business property" because an "insured" occupies a part thereof as an office, school or studio.

Subpart (3) is added to Section II – Exclusions 1.b. as follows:

- (3) Activities which are ordinarily incident to the specific "business" pursuits shown in the Schedule received with your Declarations.
2. This insurance does not apply to "personal injury" to:
 - a. Any employee of any "insured" arising out of the specific "business" pursuits shown in the Schedule received with your Declarations; or
 - b. Any pupil arising out of corporal punishment administered by or at the direction of the "insured".

**RESIDENCE PREMISES - THREE- OR FOUR FAMILY
DWELLING**

HO 44 04 84

For an additional premium, the definition of "residence premises" is amended to include the three- or four-family dwelling shown in the Declarations.

OTHER STRUCTURES-NOT RENTED (Section I)

HO 48 04 84

For an additional premium, the additional limit of liability shown in the Schedule received with your Declarations for each other structure shall be considered specific insurance applicable only to such structure(s).

This endorsement does not increase the Coverage B – Other Structures limit of liability in the Declarations.

\$100 DEDUCTIBLE (Section I Only)

HO 57 10 86

For an additional premium, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each

"occurrence" exceeds \$100 and then only for the amount of such excess.

\$500 DEDUCTIBLE (Section I Only)

HO 59 10 86

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each "occurrence" exceeds \$500 and then only for the amount of such excess.

\$1,000 DEDUCTIBLE (Section I Only)

HO 60 10 86

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each "occurrence" exceeds \$1,000 and then only for the amount of such excess.

SCHEDULED PERSONAL PROPERTY

ENDORSEMENT

HO 61

61 1147 0813

For an additional premium, this policy covers Scheduled Personal Property for which a limit of liability is shown in the Declarations or Schedules forming a part hereof. Except as otherwise provided herein, the coverage afforded by this endorsement is subject to the following sections of the policy:

The War Subsection of Section I - Exclusions; Section I – Conditions; and Sections I and II – Conditions.

ADDITIONALLY ACQUIRED PROPERTY

The following clause is applicable only to Jewelry, Furs, Cameras, Musical Instruments and Fine Arts when such property is covered hereunder.

In consideration of the agreement by the Insured to report additional property of the kind insured hereunder, acquired by the Insured subsequent to the attachment date of this endorsement, within thirty (30) days from the date acquired and to pay full premium thereon from the date acquired at pro rata of the current rates of this Exchange for such insurance, this endorsement covers on each separate class of such additionally acquired property for not exceeding 25% or \$10,000 whichever is the lesser, of the amount of insurance on such class exclusive of this provision. It is specifically understood and agreed by the Insured that this endorsement shall cease to cover such additionally acquired property if it is not reported to this Exchange within the stated thirty (30) day period.

The additional coverage does not apply to property of a class not already covered hereunder.

ADDITIONAL EXCLUSIONS

This endorsement does not insure against:

1. Loss caused by wear and tear, gradual deterioration, insects, vermin, or inherent vice;
2. Loss by nuclear reaction or nuclear radiation or radioactive contamination, all whether controlled or uncontrolled, and whether such loss be direct or indirect, proximate or remote, or be in whole or in part caused by, contributed to, or aggravated by the peril(s) insured against in this endorsement; however, subject to the foregoing and all provisions of this policy, direct loss by fire resulting from nuclear reaction or nuclear radiation or radioactive contamination is insured against by this endorsement.
3. As to Fine Arts:
 - a. Damage sustained due to and resulting from any repairing, restoration or retouching process;
 - b. Breakage of art glass windows, statuary, marbles, glassware, brick-a-brac, porcelains and similar fragile articles, unless caused by fire, lightning, aircraft, theft or attempted theft, cyclone, tornado, windstorm, earthquake, flood, explosion, malicious damage or collision, derailment or overturn of conveyance, unless endorsed hereon.
 - c. Loss to property on exhibition at fairgrounds or on the premises of any national or international exposition unless such premises are specifically herein described.
4. As to Postage Stamps or Rare and Current Coin Collections:
 - a. Fading, creasing, denting, scratching, tearing, thinning, transfer of colors, inherent defect, dampness, extremes of temperature, gradual depreciation, or damage sustained from handling or while being actually worked upon and resulting therefrom;
 - b. Mysterious disappearance of individual stamps, coins or other individual articles insured hereunder unless specifically scheduled herein with a definite amount set opposite their description, or if not specifically scheduled, unless mounted in a volume, and the page to which they are attached is also lost;
 - c. Loss or damage to property in the custody of transportation companies; nor shipments by mail unless by registered mail;
 - d. Theft from any attended automobile except while being shipped by registered mail;
 - e. Loss of or damage to any property described herein which is not an actual part of a stamp, money or numismatic collection.

SPECIAL CONDITIONS

1. **Fine Arts:** If Fine Arts are covered hereunder, the Insured represents and agrees that the property insured hereunder will be packed and unpacked by competent packers.

This Exchange shall be liable for more than the amount set opposite the respective articles covered hereunder, which amounts are agreed to be the value of said articles.

In the event of the total loss of any article or articles which are a part of a set, this Exchange agrees to pay the Insured the full amount of the value of such set as specified in the schedule attached, and the Insured agrees to surrender the remaining article or articles of the set to this Exchange.

This insurance covers the property insured while on exhibition otherwise within the limits of the Continental United States, the State of Hawaii and Canada except as hereinbefore excluded.

2. **Golfer's Equipment:** If Golfer's Equipment is covered hereunder, this insurance shall cover gold clubs, golf clothing and golf equipment, which is the property of the named insured, but excluding watches, jewelry and stock for sale; also on other clothing of the named insured while contained in any locker situated in a club house or other building used in connection with the game of golf; except that golf balls are covered hereunder only against loss by fire or burglary, meaning the felonious abstraction of the balls from within a building, room or locker by any persons making felonious entry therein by actual force or violence, or which there shall be visible marks made upon the exterior of such premises at the place of such entry.
3. **Musical Instruments:** If Musical Instruments are covered hereunder, the Insured represents and agrees such instruments insured hereunder will not be played for remuneration during the term of this endorsement.
4. **Silverware:** Silverware shall not include pens, pencils, flasks, smoking implements or accessories or articles of personal adornment.
5. **POSTAGE STAMPS OR RARE AND CURRENT COIN COLLECTION:** IF A STAMP OR A COIN COLLECTION IS COVERED HEREUNDER, IN THE EVENT OF LOSS OR DAMAGE THE AMOUNT PAYABLE HEREUNDER SHALL BE ASCERTAINED IN THE FOLLOWING MANNER:
 - A. IN CASE OF LOSS OF OR DAMAGE TO PROPERTY SCHEDULED HEREIN AND REPRESENTING ANY ONE STAMP, COIN OR OTHER INDIVIDUAL ARTICLE INSURED, THIS EXCHANGE SHALL PAY OR MAKE GOOD TO THE INSURED SUCH LOSS OR DAMAGE UP TO BUT NOT EXCEEDING THE AMOUNT(S) SET OPPOSITE THE ITEM(S) INVOLVED.
 - B. IN CASE OF LOSS OF OR DAMAGE TO PROPERTY SPECIFICALLY DESCRIBED IN THE ABOVE

SCHEDULE AS PAIRS, STRIPS, BLOCKS, SERIES, SHEETS, COVERS, FRAMES, CARDS OR THE LIKE, THIS EXCHANGE SHALL PAY IN THE EVENT OF TOTAL LOSS OF SUCH AN ITEM UP TO BUT NOT EXCEEDING THE AMOUNT SET OPPOSITE THE ITEM INVOLVED AND IN THE EVENT OF PARTIAL LOSS NOT MORE THAN THE CASH MARKET VALUE OF THE WHOLE SET, LESS THE CASH MARKET VALUE OF THE REMAINDER AT THE TIME OF LOSS, IT BEING HOWEVER UNDERSTOOD AND AGREED THAT IN THE EVENT OF THE PROPERTY BEING INSURED FOR LESS THAN THE CASH MARKET VALUE, THE LIABILITY OF THIS EXCHANGE SHALL NOT EXCEED THE PROPORTION THAT THE AMOUNT INSURED BEARS TO THE CASH MARKET VALUE;

- c. IN ALL CASES OF LOSS OF OR DAMAGE TO THE INSURED PROPERTY NOT PROVIDED FOR IN THE TWO PREVIOUS PARAGRAPHS, THE EXCHANGE SHALL NOT BE LIABLE FOR MORE THAN THE ACTUAL CASH MARKET VALUE OF THE PROPERTY AT THE TIME OF LOSS, SUBJECT HOWEVER TO A LIMIT OF NOT EXCEEDING \$1,000 ON UNSCHEDULED NUMISMATIC PROPERTY AND NOT EXCEEDING \$250, WITH RESPECT TO ANY ONE STAMP, COIN OR OTHER INDIVIDUAL ARTICLE OR ANY ONE PAIR, STRIP, BLOCK, SERIES, SHEET, COVER, FRAME, CARD OR THE LIKE;
- d. THIS EXCHANGE SHALL NOT BE LIABLE FOR A GREATER PROPORTION OF ANY LOSS ON PROPERTY NOT SPECIFICALLY SCHEDULED HEREIN, THAN THE TOTAL SUM INSURED ON SUCH UNSCHEDULED PROPERTY BEARS TO THE ACTUAL CASH MARKET VALUE THEREOF AT THE TIME SUCH LOSS SHALL HAPPEN.

6. VALUATION: THIS EXCHANGE SHALL NOT BE LIABLE FOR MORE THAN THE ACTUAL CASH VALUE OF THE PROPERTY AT THE TIME ANY LOSS OR DAMAGE OCCURS AND THE LOSS OR DAMAGE SHALL BE ASCERTAINED OR ESTIMATED ACCORDING TO SUCH ACTUAL CASH VALUE WITH PROPER DEDUCTION FOR DEPRECIATION, HOWEVER CAUSED, AND SHALL IN NO EVENT EXCEED:

- A. WHAT IT WOULD COST TO REPAIR OR REPLACE THE SAME WITH MATERIAL OF LIKE KIND AND QUALITY, OR
- B. THE APPLICABLE AMOUNT OF INSURANCE SET OPPOSITE THE RESPECTIVE ARTICLE COVERED HEREUNDER, WHICHEVER IS LESS.

7. Loss Clause: Any loss hereunder shall not reduce the amount of this endorsement, except in the event of payment of claim for total loss of an item specifically scheduled hereon. If claim is paid for total loss of one or more scheduled items, the unearned premium applicable to such

items will be refunded to the Insured or applied to the premium due on item(s) replacing those on which the claim was paid.

8. PAIR, SET OR PARTS: IN THE EVENT OF LOSS TO:

A. ANY ARTICLE OR ARTICLES WHICH ARE A PART OF A PAIR OR SET, THE MEASURE OF LOSS TO SUCH ARTICLE OR ARTICLES SHALL BE A REASONABLE AND FAIR PROPORTION OF THE TOTAL VALUE OR THE PAIR OR SET, GIVING CONSIDERATION TO THE IMPORTANCE OF SAID ARTICLE OR ARTICLES, BUT IN NO EVENT SHALL SUCH LOSS BE CONSTRUED TO MEAN TOTAL LOSS OF THE PAIR OR SET; OR

B. ANY PART OF PROPERTY COVERED CONSISTING, WHEN COMPLETE FOR USE, OF SEVERAL PARTS, THE EXCHANGE SHALL ONLY BE LIABLE FOR THE VALUE FOR THE PART LOST OR DAMAGED.

9. OTHER INSURANCE: IF THE INSURED HAS OTHER INSURANCE AGAINST A LOSS COVERED BY THIS ENDORSEMENT THIS EXCHANGE SHALL NOT BE LIABLE UNDER THIS ENDORSEMENT FOR A GREATER PROPORTION OF SUCH LOSS THAN THE APPLICABLE LIMIT OF LIABILITY STATED IN THE ABOVE SCHEDULE BEARS TO THE TOTAL APPLICABLE LIMIT OF LIABILITY OF ALL VALID AND COLLECTIBLE INSURANCE AGAINST SUCH LOSS.

**ADDITIONAL RESIDENCE PREMISES –RENTED TO OTHERS
HO 70 12 02**

For an additional premium, the following definitions are amended:

1. "Insured location" is amended for purposes of Coverage E - Personal Liability and Coverage F Medical Payments to Others to include the premises shown in the Schedule received with your Declarations; and
2. "Business" is amended for purposes of Coverage E - Personal Liability and Coverage F - Medical Payments to Others so that it does not apply to the rental or holding for rental of the premises shown in the Schedule received with your Declarations.

**BUSINESS PURSUITS (Section II)
HO 71 12 01**

For an additional premium, the insurance provided by this policy under Coverage E – Personal Liability and Coverage F – Medical Payments to Others will apply to your "business" pursuits conducted in connection with the "business" pursuits shown in the Declarations, subject to the following provisions:

This insurance does not apply:

1. To "personal injury" or "property damage" arising out of past or present "business" pursuits in connection with a "business" owned or financially controlled by an "insured" or

- by a partnership or joint venture of which such an "insured" is a partner or member;
2. To "personal injury" or "property damage" arising out of the rendering of or failure to render professional services of any nature (other than teaching);
 3. To "personal injury" to a fellow employee of an "insured" injured in the course of such person's employment;
 4. When an "insured" is a member of the faculty or teaching staff of any school or college;
 - a. To "personal injury" or "property damage" arising out of the maintenance, operation, use, entrustment, loading or unloading of draft or saddle animals, vehicles for use therewith, aircraft, motor vehicles, recreational motor vehicles or watercraft owned or operated or hired by or for an "insured" or an "insured's" employer or used by an "insured" for the purpose of instruction in the use thereof; or
 - b. To "personal injury" to any pupil arising out of corporal punishment administered by or at the direction of an "insured", but this exclusion does not apply under Coverage E – Personal Liability if liability for corporal punishment is indicated in the Declarations as included.

\$1,500 DEDUCTIBLE (Section I only)

HO 76 12 07

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each "occurrence" exceeds \$1,500 and then only for the amount of such excess.

\$2,000 DEDUCTIBLE (Section I Only)

HO 77 12 07

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each "occurrence" exceeds \$2,000 and then only for the amount of such excess.

\$2,500 DEDUCTIBLE (Section I Only)

HO 78 12 07

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each "occurrence" exceeds \$2,500 and then only for the amount of such excess.

\$3,000 DEDUCTIBLE (Section I Only)

HO 79 12 07

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each “occurrence” exceeds \$3,000 and then only for the amount of such excess.

\$4,000 DEDUCTIBLE (Section I Only)

HO 80 12 07

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each “occurrence” exceeds \$4,000 and then only for the amount of such excess.

\$5,000 DEDUCTIBLE (Section I Only)

HO 81 12 07

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each “occurrence” exceeds \$5,000 and then only for the amount of such excess.

\$7,500 DEDUCTIBLE (Section I Only)

HO 82 12 07

For a premium credit, the Loss Deductible Clause contained in paragraph 15. of Section I – Conditions is deleted and replaced by the following:

Loss Deductible Clause: With respect to loss otherwise covered under this policy, we shall be liable only when such loss in each “occurrence” exceeds \$7,500 and then only for the amount of such excess.

SNOWMOBILE (Section II Only)

HO 164 04 84

For an additional premium, under Coverage E – Personal Liability and Coverage F – Medical Payments to Others:

1. Section II – Exclusion 1.e. is deleted only with respect to “personal injury” or “property damage” arising out of the ownership, maintenance, operation, use, loading or unloading of the snowmobile(s) described in the Schedule received with your Declarations while away from an “insured location”.

2. The definition of "insured" includes as an additional "insured" any person or organization legally responsible for a snowmobile owned by you or any other "insured" who is a resident of your household, but does not include a person or organization using or having custody or possession of the snowmobile without the permission of the owner. This insurance for an additional "insured" shall be excess insurance over any other valid and collectible insurance available to such "insured".

With respect to the described snowmobile(s), this insurance does not apply:

- a. To any snowmobile subject to the Motor Vehicle Registration Act;
- b. While any snowmobile is used to carry persons for a charge;
- c. While any snowmobile is used for "business" purposes;
- d. While any snowmobile is rented to others; or
- e. While any snowmobile is being operated in any prearranged or organized race, speed contest or other competitions.

\$250 THEFT DEDUCTIBLE (Section I)

HO 177 10 86

For a premium credit, with respect only to loss by theft of property covered under Coverage C of this policy, the following Loss Deductible Clause is substituted for any other loss deductible clause which may form a part of this policy.

Loss Deductible Clause: for loss by theft of property covered under Coverage C, each claim shall be adjusted separately. The sum of \$250 shall be deducted from the amount of each such adjusted claim or the applicable limit of liability, whichever is less.

JEWELRY AND WATCHES INCREASED LIMITS OF LIABILITY (Section I)

HO 210 08 08

For an additional premium, Section I – Coverages, Special Limits of Liability, is amended by deleting numbered category 5. and substituting the following:

- 5. The aggregate amount shown in the Declarations for loss by theft of jewelry, watches, precious and semi-precious stones, gold other than goldware, silver other than silverware, and platinum.

EXCLUDED OTHER STRUCTURES (Section I)

HO 300 04 84

In exchange for our issuing, or at the time of this endorsement continuing in force the policy to which this endorsement is attached, you and we agree that the other structures specified as excluded in the Schedule received with your Declarations are removed from coverage under Section I of the policy.

ADDITIONAL INTERESTS- RESIDENCE PREMISES
HO 04 10 06 10

In addition to the Mortgagee(s) shown in the Declarations or elsewhere in this policy, the persons or organizations named in the Schedule received with your Declarations also have an interest in the "residence premises".

CANCELLATION AND NONRENEWAL

NOTIFICATION

If we decide to cancel or not to renew this policy, the persons or organizations named in the Schedule received with your Declarations will be notified in writing.

All other provisions of this policy apply.

LENDER'S LOSS PAYABLE ENDORSEMENT

438 BFUNS

1. Loss or damage, if any, under this policy, shall be paid **to the Payee named on the first page of this policy**, its successors and assigns, hereinafter referred to as "the Lender", in whatever form or capacity its interests may appear and whether said interest be vested in said Lender in its individual or in its disclosed or undisclosed fiduciary or representative capacity, or otherwise, or vested in a nominee or trustee of said Lender.
2. The insurance under this policy, or any rider or endorsement attached thereto, as to the interest only of the Lender, its successors and assigns, shall not be invalidated nor suspended: (a) by any error, omission, or change respecting the ownership, description, possession, or location of the subject of the insurance or the interest therein, or the title thereto; (b) by the commencement of foreclosure proceedings or the giving of notice of sale of any of the property covered by this policy by virtue of any mortgage or trust deed; (c) by any breach of warranty, act, omission, neglect, or non-compliance with any of the provisions of this policy, including any and all riders now or hereafter attached thereto, by the named "insured", the borrower, mortgagor, trustor, vendee, owner, tenant, warehouseman, custodian, occupant, or by the agents of either or any of them or by the happening of any event permitted by them or either of them, or their agents, or which they failed to prevent, whether occurring before or after the attachment on this endorsement, or whether before or after a loss, which under the provisions of this policy of insurance or of any rider or endorsement attached thereto would invalidate or suspend the insurance as to the named "insured", excluding here from, however, any acts or omissions of the Lender while exercising active control and management of the property.
3. In the event of failure of the "insured" to pay any premium or additional premium which shall be or become due under the term of this policy or on account of any change in occupancy or increase in hazard not permitted by this policy, this Company agrees to give written notice to the Lender of such non-payment of premium after sixty (60) days from and

within one hundred and twenty (120) days after due date of such premium and it is a condition of the continuance of the rights of the Lender hereunder that the Lender when so notified in writing by the Company of the failure of the "insured" to pay such premium shall pay or cause to be paid the premium due within ten (10) days following receipt of the Company's demand in writing therefor. If the Lender shall decline to pay said premium or additional premium, the rights of the Lender under this Lender's Loss Payable Endorsement shall not be terminated before ten (10) days after receipt of said written notice by the Lender.

4. Whenever this Company shall pay to the Lender any sum for loss or damage under this policy and shall claim that as to the "insured" no liability therefor exists, this Company, at its option, may pay to the Lender the whole principal sum and interest and other indebtedness due or to become due from the "insured", whether secured or unsecured, (with refund of all interest not accrued), and this Company, to the extent of such payment, shall thereupon receive a full assignment and transfer, without recourse, of the debt and all rights and securities held as collateral thereto.
5. If there be any other insurance upon the within described property, this Company shall be liable under this policy as to the Lender for the proportion of such loss or damage that the sum hereby "insured" bears to the entire insurance of similar character on said property under policies held by, payable to and expressly consented to by the Lender. Any Contribution Clause included in any Fallen Building Clause Waiver or any Extended Coverage Endorsement attached to this contract of insurance is hereby nullified except Contribution Clauses for the compliance with which the "insured" has received reduction in the rate charged or has received extension of the coverage to include hazards other than fire and compliance with such Contribution Clause is made a part of the consideration for insuring such other hazards. The Lender upon the payment to it of the full amount of its claims, will surrogate this Company (pro rata with all other insurer contributing to said payment) to all of the Lender's rights of contribution under said other insurance.
6. The Company reserves the right to cancel this policy at any time, as provided by its terms, but in such case this policy shall continue in force for the benefit of the lender for ten (10) days after written notice of such cancellation is received by the Lender and shall then cease.
7. This policy shall remain in full force and effect as to the interest of the Lender for a period of ten (10) days after its expiration unless an acceptable policy in renewal thereof with loss thereunder payable to the Lender in accordance with the terms of this Lender's Loss Payable Endorsement, shall have been issued by some insurance company and accepted by the Lender.
8. Should legal title to and beneficial ownership of any of the property covered under this policy become vested in the Lender or its agents, insurance under this policy shall continue for the term thereof for the benefit of the Lender but, in such event, any privileges granted by this Lender's Loss

Payable Endorsement which are not also granted the "insured" under the terms and conditions of this policy and/or under other riders or endorsements attached thereto shall not apply to the insurance hereunder as respects such property.

9. All notices hereby provided to be given by the Company to the Lender in connection with this policy and this Lender's Loss Payable Endorsement shall be mailed to or delivered to the Lender at its office or branch described on the first page of the policy.

* In the United States and Canada, an insured person can obtain claim service by calling 1-800-922-8228.

5



JAMES F. CARROLL, M.D.

421 D March Avenue
Healdsburg, California 95448
Telephone: (707) 433-3321

To whom it may concern

10/16/19

Enrique Gomez 11/27/1969

Was admitted to SSMH from 12/4-10/2017 with a life threatening infection in his knee for which there was no apparent cause. A staph infection spread into the lower leg causing necrotizing fasciitis. Surgery was required to debride infected tissue from the knee and lower leg. Months of painfull rehab ensued.

On 10/9/17 the "Tubbs fire" holocaust destroyed all his possessions, and shut down his job. Many resources developed to help survivors recover from PTSD as the effects of unremitting stress on physical well-being have been recognized.

Enrique has asked me if "stress" contributed to his susceptibility to infection. The answer widely accepted is: yes.

James F. Carroll MD

K

Statement of Frances Galvez Hernandez in Support of Claimant

I, Frances Galvez Hernandez, declare as follows:

1. I have personal knowledge of the matters contained in this statement and, if necessary, could testify competently to them;
2. For those matters which I do not have personal knowledge of, I assert on information and belief;
3. I am Claimant's sister and am writing this statement on his behalf;
4. Growing up with my brother was filled with warmth and a priority to family. Claimant was full of curiosity about everything different, whether people or places. As he grew, he became friends with a diverse group of individuals. He had a natural and genuine empathy combined with a strong sense of fairness for all;
5. In high school, he ran track on the long distance team and was a fierce competitor with a commitment to good sportsmanship. He trained in the neighborhood to the cheers and encouragement of all, running ten miles a day. Prior to the fires, he was always active and pursued a variety of activities. He always finished what he started;
6. He was always academically excellent, finishing in the top three percent of his graduating class at Piner High school. He knew everyone in Santa Rosa and it was very hard when he attended college at UC Davis, having to leave family and friends. He returned home to Santa Rosa after earning his Business degree, having future plans to earn his Master's Degree;
7. Before the fires, my brother was an active individual, always on the go and always working with the community whenever possible. He was always on track and timely with everything. He was always very alert and proactive about all family functions and activities;
8. When he returned to Santa Rosa, he began to volunteer at the local Junior College, providing mentoring for the underprivileged Latino community. He worked in business and wanted to assist troubled students struggling to graduate. He was on the Board for the Puente Project at Santa Rosa Junior College. My brother assisted many students with studies and

Statement of Frances Galvez Hernandez in Support of Claimant

goals, never saying to "NO" to anyone. As time went on, he became recognized and acclaimed by his peers and co-workers for his activism and mentoring;

9. We were developing a plan to combine our households. I began to look for a suitable property based on mutually created criteria. He placed the family home for sale and it quickly sold;
10. The near death experience he had with the *flesh eating bacteria*, caused him to lose a substantial amount of weight in a short period of time. The *PTSD* diagnosis sent him into a state of deep depression. At that point, I knew my brother was in trouble and I feared that he might hurt himself;
11. After the fires destroyed our community, not once but twice, I noticed that his demeanor and focus had changed. He became obsessively preoccupied with everything, never focusing on just one thing. His eagerness disappeared and his confidence and self worth greatly diminished. Remarkably, he overcame some obstacles with his outpatient treatment and returned to work. The relentless pain and mental anguish prevented him from working in his chosen career. I still noticed him struggle with his newly operated leg and loss of ambition;
12. The once active and harmonious person I grew up with was lost with no signs of improvement. He couldn't continue with his career and employment was difficult to obtain and retain. I believe that if the fires had never occurred, my brother would not be suffering from such immeasurable pain and anguish. He fears every time he hears or sees any type of warning or alert siren and has not been back to Santa Rosa much, with no intention of returning to Coffey Park; the memories are too strong and he isn't emotionally sound to remember that frightful night.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and belief.

Dated: August 6, 2020

Frances Galvez Hernandez
Frances Galvez Hernandez

L

Statement of John M. Mangiafridda in Support of Claimant

I, John M. Mangiafridda, declare as follows:

1. I have personal knowledge of the matters contained in this declaration and, if necessary, could testify competently to them;
2. For those matters which I do not have personal knowledge of, I assert on information and belief;
3. I am writing this statement on behalf of Claimant Enrique Galvez;
4. My mother and I have known Claimant for over 17 years. My mother did her banking at Wells Fargo Bank and that is when we first became acquainted. He was a strong fiduciary, with ethical and moral strengths and genuine concern for the needs of his clients;
5. At that time, Claimant consistently emanated a pleasant and positive demeanor, with a firm focus on job, family and community. He was happy, fun, and excited about life. Further, he was reliable, if he said he would be somewhere at a certain time, you could bank on it. He never missed or was late to family functions and most often was involved in planning such events;
6. All of that changed in October of 2017, when he was subjected to the horrific events and images of the deadly wildfires that ripped through Sonoma County, overwhelming him physically and mentally;
7. The change in his persona was extremely evident to all that knew him. He showed signs of stress, depression, anxiety, constant thoughts of the fire and the trauma it caused him, avoiding places and people that reminded him of the fires, appearing tense and easily startled, adamant about sitting as near as possible to an exit when in public places, loss of interest in once happy activities, strong feelings of detachment from friends, family, and community, a complete loss of any positive emotions and extreme hyper vigilance about future fires, to include buying and monitoring a police/fire scanner.
8. He seems aware that he is suffering and needs professional therapy but has been unable to access such help because of a lack of health insurance. He tells me that he is relentlessly plagued with feeling that something bad is going to happen even

Statement of John M. Mangiafridda in Support of Claimant

though he knows it isn't rational to have these feelings. I feared for his mental well being;

9. The fires in 2019 sent Claimant into a severe panic attack. He was overwhelmed with fear and anxiety. He called me in a panic and stated that he was heading to Sacramento to stay with his sister until the fires were under control. He did return to Santa Rosa but only to gather what few belongings he had. He returned to Sacramento where he lives to this day. He tells me the paranoia, fear and anxiety are at such levels that will forever keep him from coming back to the community he cherished and grew up in;
10. I am not a doctor but I am an honorably discharged combat veteran. I have suffered from *PTSD* for some 30 years and am readily familiar with the symptoms that comprise *PTSD*;
11. I have seen first hand what these fires have done to a once positive, capable and professional individual. It is my opinion that his *PTSD* won't go away and has become chronic. He won't ever be the same, as such that he is entitled to past and future compensation for the physical pain and decrease in his mobility he has suffered, due to the *flesh eating bacteria* he contracted as a direct result of the poisonous and toxic particulates in the fires (*that would have killed him if not for the speedy intervention of the staff at Sutter Hospital*); full compensation for the loss of his irreplaceable personal property and past and future compensation for the resulting case of severe and chronic *PTSD* surrounding all of these incomprehensible and life altering traumatic events.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and belief.

Dated: August 6, 2020


John M. Mangiafridda

M

Statement of Sandra Avila-Mangiafridda in Support of Claimant

I, Sandra Avila-Mangiafridda, declare as follows:

1. I have personal knowledge of the matters contained in this statement and, if necessary, could testify competently to them;
2. For those matters which I do not have personal knowledge of, I assert on information and belief;
3. I am writing this statement on behalf of Claimant Enrique Galvez;
4. I have known Claimant for 15 years and was his Assistant Manager at the Clark Shoes retail store in the Petaluma Outlet Mall;
5. When I first met Claimant, he was always pleasant and positive. He was happy, fun, and excited about life. Further, he was reliable, if he said he would be somewhere at a certain time, you could bank on it. He never missed or was late to work or family functions and most often was involved in planning such events;
6. Claimant was a highly skilled retail manager, with a natural ability to interact with customers and vendors. He was also a great teacher and trainer which enabled me to become competent at my position in rapid fashion. Under his leadership, sales at that store nearly doubled;
7. During this time, Claimant had been victimized by the 2017 fires and was struggling with what he said was, "severe swelling and pain" in his lower right leg. He was using crutches and a cane to be able to stay on the sales floor and service his customers. Then, with the pain becoming unbearable, he went into the hospital;
8. He went from the hospital to outpatient treatment at his residence. My husband and I visited him several times. The injury from the *flesh eating bacteria* left his leg with a massive wound and he appeared despondent and depressed. He returned to work for less than a week but it was readily apparent that the pain in his right leg was overwhelming him;
9. The change in Claimant's behavior, after the fires injured him and prevented him from working was, in my opinion extreme. He became negative and paranoid. He was late to everything

Statement of Sandra Avila-Mangiafridda in Support of Claimant

and more often than not, didn't show up at all. He is always scattered in thought and would not complete a narrative that he started. This same lack of focus permeated every aspect of his life and I was worried and saddened for him;

10. I am personally familiar with the symptoms that comprise *PTSD* as my husband of 33 years, John M. Mangiafridda, has suffered from it for as many years. To this day, things completely unrelated to the traumas that caused his *PTSD* can trigger one or multiple symptoms. I see this same behavior in Claimant.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and belief.

Dated: August 6, 2020

Sandra Avila-Mangiafridda
Sandra Avila-Mangiafridda

N

Claimant's PTSD Statement

I, Enrique Galvez, declare as follows:

1. I am the Creditor of this claim against PG&E;
2. I have personal knowledge of the matters contained in this statement and, if necessary, could testify competently to them;
3. For those matters which I do not have personal knowledge, I assert on information and belief;
4. I remember, as if it were yesterday, moving to the Coffey Park area of Santa Rosa with my parents when I was just 10-years old. I was never sick, never had any broken bones, and was healthy;
5. At that time, much of the area was still open land. I have an abundance of loving memories of spending my summers playing in the walnut orchards, picking hoards of wild blackberries from the endless supply of bushes and summer nights filled with swimming and playing tag with my friends;
6. As time passed, I grew with the area and saw Coffey Park develop into a community filled with family and friends, many of whom I attended high school with and have remained friends with to this day. I was a member of our high school track team and often trained in my neighborhood to the encouragement of my family, friends and neighbors. This was my community and I actively participated in related events;
7. Eventually, my uncle purchased a house, with a pool and several acres of open land right outside of Coffey Park. This brought our family closer together. I spent my summers there. Collectively, our homes served as the family hub where all holidays and family get-togethers occurred. Soon after, my cousin purchased a home several streets over and the family grew. The only time I have lived outside the county (*until the fires drove me away forever*) was the four-years I spent attending the University of California, Davis earning a business degree;
8. After college, I returned to Sonoma County and acquired a retail manager position. I worked in that professional capacity until the fires caused me great physical and mental injury which has prevented me from working in that field;

Claimant's PTSD Statement

9. Prior to the fires, I was a professional businessman that went about his daily responsibilities with ethics, morality, pride, competency, and confidence. I was committed to job and family and went through life without much fear or anxiety and I rarely panicked. My friends and co-workers often stated that I performed well when under pressure. I didn't fear public places or being around crowds and I didn't have a predictable habit of avoidance;
10. The fires caused by PG&E in 2017 and 2019 forever changed my life both physically and mentally. I often have nightmares about the fires. I have become negative about everything. I am fixated by the trauma that the fires caused me. I am persistently feeling stressed and anxious with constant thoughts of the fire. I am severely depressed and have started avoiding places and people that remind me of the fires. I am always tense and easily startled and have adamant about sitting as near as possible to an exit when in public places. I have loss complete interest in once happy activities and am plagued with strong feelings of detachment from friends, family, and community. I have become devoid of any positive emotions and have developed extreme hyper vigilance about future fires, resorting to buying and monitoring a police/fire scanner. I have become overwhelmed with negative thoughts about myself as a family member, friend and co-worker;
11. I cannot shake the feeling that something bad is going to happen that will cause me further physical, mental and financial harm. I have difficulty concentrating and often misperceive common situations which causes me to over or under react;
12. I believe that I need professional therapy and counseling to assist me in creating ways to deal with the daily pain and suffering the fires have caused me. The trauma has not dissipated but instead has grown beyond my ability to properly cope;
13. The *flesh eating disease* that nearly took my life has weakened the strength in my leg and has greatly diminished my mobility serving to restrict the type of work I have done for three decades;

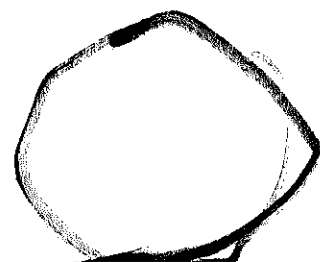
Claimant's PTSD Statement

14. I feel that I should receive compensation commensurate with the severity of the physical injury and the long-term effects it will have on me for the rest of my life;
15. Further, I am entitled to the loss of irreplaceable personal property that no amount of money could compensate for, the loss of community, the detachment from family/friends, the severe emotional distress, depression, loss of career, loss of wages, loss of future earning capacity, loss of future income, mental anguish, pain and suffering, and *PTSD* that I have to deal with everyday;
16. In order to repair my life both physically, mentally and to secure adequate employment, I must receive fair and just compensation needed to do so.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to the best of my knowledge and belief.

Dated: August 6, 2020

Claimant Enrique Galvez



To Whom It May Concern,

September 23, 2020

My name is Eddie Grassi and I am a life coach with my own life coaching practice - Life and Relationships Coaching (relationshipscoaching.com). I was asked by a client I am seeing to share my thoughts and observations of his coaching sessions with me. His name Enrique Galvez. Enrique came to me seeking help in dealing with feelings of depression and anxiety resulting from past trauma. From our sessions, it has become clear to me that Enrique is experiencing a high degree of unresolved mental and emotional pain. It is my recommendation that Enrique continue receiving guidance and coaching with me until we both see marked and measurable improvement in the quality of his life. To measure this improvement, we are in the process of setting up goals for him to work towards achieving. For example, one of the goals we are working on presently is to increase self-compassion and mindfulness to promote a sense of resiliency and control over his life.

Much if not all of the anguish he continues to struggle with he attributes to two traumatic events that changed his life. The first is the complete loss and destruction of all of his home and possessions from the Tubbs fire that ravaged Northern California. Coping with this event has proven to be very challenging to Enrique. I agree with his doctor James Carrol who writes that the stress of this fire contributed to the second catastrophic event of his life -- the life-threatening Staph infection he needed surgery for in 2017. In my opinion, it is not correct to say Enrique has made a full recovery from either of these two events, certainly mentally or emotionally. I am convinced that he needs a lot of help to feel at ease in the world again. The memories continue to haunt him to this day where he reports the smell of smoke or fire unsettles him greatly. Doctor Carroll mentions PTSD as a condition many survivors experience and while I am not able to diagnose him as a coach, I believe strongly that Enrique shows symptoms of this behavior condition. Having said all this, I am pleased to report that even after just two sessions, Enrique reports to have noticed small positive changes in the way he feels.

Sincerely,
Eddie Grassi, CCP, MA
relationshipscoaching.com

P

From: Eddie Grassi
Re: Request for long-term coaching plan outline
Date: 9/30/2020

To Whom It May Concern:

Enrique Galvez is a client I am currently coaching as part of my life-coaching business, relationshipscoaching.com. He has asked me to write up a long-term plan for his personal growth and well-being resulting from my coaching services. I am glad to do this and hope it will aid him in receiving services indefinitely.

Long-term Coaching plan for Enrique Galvez written by Eddie Grassi, Life Coach, relationshipscoaching.com

Summary of coaching sessions.

Enrique's mood and outlook are affecting the quality of his life. They are having a negative impact on his daily health and well-being. Enrique reports that his thoughts and feelings of anxiety, depression, despair and confusion are overwhelming him, interfering with his normal day to day activities. The recurrence of these intense thoughts and feelings are the primary reason Enrique has sought coaching. He wants to lead a healthy happy life, free of the sharp mental and emotional suffering he is experiencing. From the first day I spoke with Enrique we began a discussion focusing on solutions to decreasing the intensity and frequency of these thoughts and feelings. At the same time, we discussed ways to create new positive emotions and thoughts. In addition, we also considered possible causes of these emotions. Enrique linked them to two major events. The first was the fires of 2017 that destroyed his home and all of his belongings. The second was a life-threatening infection he got which required surgery in 2017. The stress and uncertainty of these two challenging events are still felt today.

Short-term Goals for the next 3 months

Mindfulness The first goal we decided on is to increase awareness through practicing mindfulness on a daily basis. By practicing mindfulness, the expectation is that Enrique will learn to have greater control over his thoughts and how he reacts to them. These thoughts may include memories of troublesome events like the ones mentioned above. There are exercises I am suggesting he follow to help promote mindfulness. Guided meditation practices is one such example I feel will be very helpful. The idea is to apply mindfulness in his own life as a coping mechanism when difficult emotions like anxiety and depression arise.

Self-Compassion is supposed to be one of the best ways to cultivate other positive emotions like determination and confidence. Enrique can use lots of it. The goal is to practice small acts of self-compassion each day and journal it. The intention to cultivate this skill or trait is to restore a healthy sense of self and our own goodness as a person. Part of reaching this goal entails deliberate focusing of our attention on times during the day when we are treating

ourselves kindly. There are several exercises which can be used to create a natural love of oneself which Enrique can benefit from over the next few months and even beyond.

Gratitude has been shown to play a powerful role in helping to foster well-being and meaningfulness in one's life. Enrique is engaging in practicing gratitude by committing to keeping a journal with daily entries describing at least two things he is grateful for each day. These things may be not only present circumstances that elicit a response of appreciation but memories new and old.

Long-term Goals There is some overlap here with short-term goals. Intended for 12 months and more to grow.

Resiliency All of the goals support this umbrella goal because resiliency is what is going to help Enrique with every challenge, obstacle or set-back. Becoming resilient takes time and discipline to achieve. All of the techniques and strategies support this trait of recovering from the hurts and injuries we inevitably will face. The goal is to increase resiliency by taking steps to build positive emotions, meaningfulness, good relationships and achievement. These areas of personal growth are essential to success in the positive psychology model to well-being. There are many exercises I will be introducing to Enrique to strengthen this trait.

Stress, Anxiety and Depression Reduction - gradually, through repeated practice of building traits such as determination and confidence as well as gratitude and self-compassion, I believe Enrique can experience less of these emotions. I haven't discussed this yet, but there is a lot to learn about these emotions. They each carry an important message to help us thrive. We need to pay attention to what they are telling us rather than see them only as a negative. Just as with the other positive traits, I am hopeful that Enrique may come to accept their importance. This does not mean allowing them to dominate ourselves. There is a lot of long-term work to be done in terms of understanding and giving ourselves permission to feel these emotions rather than to react to them. Suggested exercises to foster our awareness of their helpfulness will be introduced in time.

Emotional Intelligence this catch-all phrase is about learning to harness the power of our emotions in dealing with all types of situations and hardships so that we are able to conduct ourselves in the best possible way under high pressure stressful situations. I am very keen on helping Enrique use his emotions as a tool chest for problem solving skillfulness of what may have previously been insurmountable obstacles.

PTSD In Enrique's doctor's note, he mentioned that PTSD is common among fire victims. Enrique has said he believes he has this. While I am not able to diagnose this as a life coach, I do feel he is suffering from past trauma as it relates to the fires which destroyed his home and possessions. I feel positive psychology is an effective coaching modality to use. I believe it

may help him overcome the lingering thoughts, feelings and behaviors associated with this horrific fire. I am interested in using some of the exercises available from positive psychology to deal effectively with this possible condition.

Sincerely,
Eddie Grassi
Professional Life-coach Practitioner, MA
relationshipscoaching.com

Q

Claim Narrative

I. Introduction

The *October of 2017* Northern California wildfires took a tragic toll on the County of Sonoma and the City of Santa Rosa and many other Northern California communities. Many lives lost and thousands of homes and structures damaged or destroyed. Owing to the then extreme weather conditions, shortly after the fires ignited on *October 8* and *9*, they rapidly grew to become extensive, full-scale incidents spanning from 1,000 acres to well over 20,000 acres, each within a single day. By *October 14*, the fires had burned more than 210,000 acres while forcing Claimant and 90,000 other people to evacuate from their homes. In total, the Northern California wildfires killed 44 people and hospitalized *at least* 192 others. Air quality toxicity levels were at deadly quantities, containing metal, aluminum and toxic materials, such as antifreeze and agricultural chemicals. The fire reached temperatures so extreme that it melted engine blocks and burned through brick and stone. This is considered one of the deadliest wildfire events in the United States during the past century.

In 1981, Enrique Galvez ("*Claimant*") and his parents moved to a new home in the developing Coffey Park¹ area of Santa Rosa. He was just 10 years old. At that time, much of the area was still open land. His mind is filled with a plethora of loving memories of spending his summers playing in the walnut orchards, picking hoards of wild blackberries from the endless supply of bushes and summer nights filled with swimming and playing tag with his friends.

As time went on, Claimant grew with the area and saw Coffey Park develop into a community filled with family and friends, many of whom he attended high school with and has remained friends with to this day. Claimant was a member of his high school track team and often trained in his neighborhood to the encouragement of his friends and neighbors. Claimant's uncle soon purchased a house, with a pool and several acres of open land right outside of Coffey Park. This brought the family closer together. Claimant spent his summers there. These homes served as Claimant's family hub where all holidays and family get-togethers occurred. Soon, his cousin purchased a home several streets over and the family expanded. The only time Claimant has resided outside the county was the four-years he spent attending the University of California, Davis earning a business degree.

When Claimant completed college, he returned to Sonoma County to obtain employment consistent with his business degree. He quickly acquired

¹ Coffey Park was completely destroyed by the fires and was considered to have suffered more than any other community in Santa Rosa. (See Page 5)

Claim Narrative

an Assistant Manager position at the local JC Penney, just several miles from the family hub. After a few years, Claimant was promoted to a Store Manager and, soon after District Manager. For the next 10 years, he endured lengthy and stressful commutes mandated by his position as the company District Manager. The company offered to secure an apartment more geographically neutral to reduce this burden but Claimant was uncomfortable being away from his family so often.

In his 11th year as the District Manager of JC Penney, he was offered a position as a Vice-President at Well Fargo's main branch in Santa Rosa. It was during this time that Claimant began to immerse himself in working with important community projects ranging from mentoring programs at Santa Rosa Junior College to serving on the Hispanic Chamber of Commerce. The majority of his clients and friends lived in the Coffey Park area and were all members of that neighborhood community. This community was the anchor in Claimant's life and was, in great part, an important component in how he identified with himself, family and business acquaintances.

For months prior to the devastating fires, he and his sister were drafting a plan to combine households, becoming co-owner with his sister of a property in Healdsburg or Windsor that had undeveloped acreage, a pool and a private granny home. So in approximately early April, Claimant put the family home up for sale, while his sister began searching for such a property. During the month of August, Claimant received a job offer to manage a Clark's Shoe store in the Petaluma Outlet Mall, the company's flagship store in California. This offer included better benefits and more money. Claimant was told that they recruited him because of his strong work reputation. He proudly accepted the offer and felt strongly that living, working and being committed to his community has been a winning strategy. He felt confident that his life was moving in a strong and positive direction as a direct result of his dedication to family and community. This enthusiasm continued when the family home sold, just several weeks before the fire erupted. Since his sister had yet to acquire the agreed upon home, Claimant had to temporarily put his life's worth of personal property in a storage unit.

Several days before the fire, Claimant learned that his cousin Albert, who lived in Bakersfield, suddenly passed away. The day prior to the fires, Claimant and his family, traveled to the funeral in Bakersfield. The next night, the day the fires started, Claimant was woken in the middle of the night by a phone call from his cousin (*who had remained in Santa Rosa*) who informed the family that Santa Rosa was on fire. Claimant learned that his Uncle Chris and Cousin Veronica lost their homes that night.

Claim Narrative

Claimant returned to Santa Rosa the next day, only to discover that his storage unit had been destroyed by the fire², that his residence was under a mandatory evacuation and that the entire area was without power. He also found out that the family home that he had just sold, was unaffected by the fires and had remained standing. He frantically attempted to secure accomadations, but was unable to find anything for 25 miles in any direction. With no other options, Claimant traveled to his sister's home in Sacramento where he spent the next week. The next several days, he had to commute from Sacramento to Petaluma to work. He was anxious and frightened from that day forward and wasn't allowed back into his residence for the next seven days. He was robbed of the ability to properly morn the passing of his cousin.

He was finally allowed to return to his residence but the area remained under an evacuation alert. He could see the flames on the mountain ridge, which terrified him. He was awoken to the sounds of helicopters flying above and bulldozers plowing dirt. There was heavy smoke everywhere. He couldn't sleep not knowing if there would be future evacuations. He was extremely stressed and anxious about the fires unpredictability and couldn't manage the store with no employees. This was the beginning of Claimant's deteriorating mental condition.

When the fire raged through and obliterated the city of Santa Rosa, it annihilated Claimants personal property (***Explained in detail in Section II***), caused him to suffer from a life threatening and rare infection (***Explained in detail in Section III***) that was facilitated by the fatal levels of toxic and poisonous particulates released into the atmosphere as a direct result of the fires high temperatures, so hot that engine blocks, steel street light posts and masonry block were melted.

Claimant's doctor treated the infection and opined that Claimant displayed all the symptoms necessary for a *Post Traumatic Stress Disorder (PTSD)* diagnosis, combined with *Generalized Anxiety Disorder, Panic Disorder* and *Depression*. (***See Exhibit A - A4***)

PTSD is a serious mental health condition that's triggered by a terrifying event, either experiencing or witnessing it. Symptoms created by *PTSD* are generally grouped into four types:

1. **Intrusive Memories** (*such as severe emotional distress or physical reactions to something that reminds them of the traumatic event*),

² Claimant's unit was the only one destroyed amongst the 100 or so units at that location.

Claim Narrative

2. Avoidance (*such as avoiding places, activities or people that remind you of the traumatic event*),

3. Negative Changes in Thinking & Mood (*such as feeling detached from family and friends*) and,

4. Changes in Physical and Emotional Reactions (*such as always being on guard for danger*).

These symptoms, all of which Claimant has and will continue to suffer from; can cause significant problems in both social and work situations and in relationships. They also interfere with one's ability to go about their normal daily tasks. Symptoms can vary in intensity over time. One may have more *PTSD* symptoms when stressed in general, or when one comes across reminders of what they went through. For example, one may hear a car backfire and relive combat experiences or see a news report about raging wildfires destroying one's community for the second time in three-years, as is the exact situation Claimant is currently and will forever struggle with.

This unprecedented event, a direct result of PG&E's tortuous and negligent behavior, ended Claimant's life as he knew it. It forced him to evacuate his residence, harmed him physically and mentally, ended his managerial career, destroyed his community, and took everything that he had ever worked for, including important items that, in the aggregate, comprised the memories of his life. Irreplaceable possessions, such as the urn containing his grandmother's ashes and photos of Claimant with President Clinton, Governor Jerry Brown and Latino entertainer George Lopez, photos & videos, sports memorabilia, baseball card collection, and family heirlooms. These lost items were critical to Claimant's identity, which has been irreparably harmed.

After the fire, Claimant lived everyday with extreme anxiety, paranoia and fear of future fires. He purchased a public services scanner so he would be warned about similar future events. His plans to co-own with his sister evaporated as Claimant no longer felt safe in Sonoma County. This, by itself has caused his sister to suffer a significant financial burden. He resorted to renting a room from friends hoping that as time passed he would return to a sense of normality as it related to his comfort level. Not a day goes by without some memory of the frantic evacuation or a discussion about the fires. This causes him emotional pain and uncontrollable sobbing. He has yet to find employment that would help in restoring his life to where it was prior to contracting the deadly infection that, amongst other things, altered his ability to stand for long periods of time, which is critical when you're a retail store manager.

Claim Narrative

I(a). The 2019 Fires, Again the Result of PG&E's Negligent Behavior

As fate would have it, Sonoma County suffered through another round of destructive wildfires in *October of 2019*. This overwhelmed Claimant and was the straw that broke the camel's back. His anxiety level peaked and he panicked, fleeing to Sacramento where his other sister lives, intending to return to Santa Rosa when the fire was under control. He did revisit Santa Rosa but only to gather what few personal things he still had, then returned to Sacramento where he remains to this day. He will never return to live in the community that he grew up in and where his life's attachments were. It causes him great anxiety, sadness, depression and irrepressible crying. Claimant is unable to return to Coffey Park as it is devoid of all the love and warmth that he cherished so much. Most family members and neighbors have moved from the area and the family hub is gone. Claimant feels forever violated. The fire robbed him of his happy place and the happiness of his childhood.

As Claimant explains, "As the fire unfolded and I was frantically trying to evacuate, I realized that this catastrophe was not happening in another country. It was happening here in my community. I could see the fires on the horizon and I could smell the smoke and see the ash. I could hear sirens, and helicopters hovering overhead. I absorbed and could feel the overwhelming dread and despair of my loved ones and neighbors. This was my county, my city; where whole neighborhoods were damaged and destroyed; friends displaced; neighbors' dead; parents and children displaced from their homes and thousands of lives forever changed. My sadness is immeasurable".

I(b). Unprecedented Lightning Strikes Set Sonoma County Ablaze Again in 2020.

Though these recent wildfires weren't the result of PG&E's grossly negligent behavior, they have none the less caused Claimant to suffer *anxiety, extreme emotional distress, enhanced depression, overwhelming feelings surrounding loss of community and an uncontrollable sense of hopelessness and fear*. PG&E's liability extends to future events that may, at any time, trigger *PTSD* symptoms in Claimant. Accordingly, any claims settlement must consider the permanent mental scars and daily long term effects that Claimant will suffer throughout the rest of his life.

Claim Narrative

Coffey Park soon after the fire roared through



Claim Narrative

II. Personal Property and Related Damages

Claimant's Storage Unit #469 at Security Public Storage, Santa Rosa, After The Fires Destroyed All His Personal Property.³



As stated in *Section I*, the fire completely destroyed everything Claimant ever owned. A life times worth of personal property, home furnishings, clothing, jewelry, bedroom furnishings, tools of every kind, photos & videos, sports memorabilia, baseball card collection, achievement awards, as well as many irreplaceable items of immense personal and emotional importance, such that it's replacement value cannot be quantified in terms of dollars. Further, Claimant has forever lost the use of these important belongings.

³ Photo taken by the Manager of Security Public Storage.

Claim Narrative

Claimant submitted a timely and procedurally sound claim with his insurance company, AAA through their internal computer program. His submission of was carefully developed based on research and extensive interviews with family and friends with possible knowledge of certain items. This claim sought \$330,000.00⁴, and was supported by research Claimant had undertaken. Claimant worked daily with the adjuster, who repeatedly confirmed and agreed with the values that Claimant submitted, only to later accuse Claimant of inflating values. AAA paid Claimant only \$147,000.00 (as well as, \$15,000.00 in material sales tax) well short of the actual value of his destroyed personal property (*See Exhibit B*). Also, he did not get paid replacement value despite having that coverage in his policy. (*See Exhibit B3*) In addition, Claimant has not been paid for a motorized wheel chair he submitted a claim for, again, despite having coverage for this item. (*See Exhibit B3, § I, Coverage C, Special Limits of Liability, #8*) Further, Claimant hasn't received compensation for the loss of use of his lost personal property, again, despite having that coverage in his policy. (*See Exhibit B3, Page 3, #13 -"property damage" means physical injury to or destruction of tangible property, including loss of use of this property*).

Further, a year after this insufficient and incomplete payment, Claimant discovered that there were items on the original Loss Inventory that he had not received compensation for. Again, the amount was near \$40,000.00 but he only received \$12,000.00. (*See Exhibit B1*) If it had not been for Claimant's need to review the original Loss Inventory, AAA would have escaped its duty to pay Claimant all the monies he was/is owed under the active policy. Claimant needs the assistance of the Trustee to make his insurer provide further compensation to satisfy the true value of the claim, within the policy limit. Regardless, Claimant is entitled to the full amounts paid under the **collateral source rule** as described below.

The **collateral source rule** "provides that if an injured party received some compensation for his injuries from a source wholly independent of the tortfeasor, such payment should not be deducted from the damages which the plaintiff would otherwise collect from the tortfeasor." (*Hrnjak v. Graymar, Inc.* (1971) 4 Cal.3d 725, 729, *emphasis added*; *Helfend v. Southern Cal. Rapid Transit Dist.* (1970) 2 Cal.3d 1, 6) The rule "expresses a policy judgment in favor of encouraging citizens to purchase and maintain insurance for personal injuries and for other eventualities". Courts consider insurance a form of investment, the benefits of which become payable without respect to any other possible source of funds. "If we were to permit a tortfeasor to mitigate damages with payments from plaintiff's insurance, plaintiff would be in a position inferior to that of having bought no insurance, because his

⁴ Below the policy limits. Claimant humbly requests the Trustee to assist Claimant in recovering the full amount due Claimant under the applicable insurance policy.

Claim Narrative

payment of premiums would have earned no benefit.” (*Helfend, supra*, at p. 10, *emphasis added*)

The **collateral source rule** applies in property damage cases. (*Shaffer v. Debbas* (1993) 17 Cal.App.4th 33, 40) Many insurers contend that they are liable only for items such as unpaid property damage deductibles. However, such a position violates a policy behind the **collateral source rule**, namely that the tortfeasor “should not be able to avoid payment of full compensation for the injury inflicted merely because the victim has had the foresight to provide [herself] with insurance.” (*Helfend, supra*, 2 Cal.3d at p. 10, *emphasis added*) The **collateral source rule** “is intended to ensure that the right of an injured party to be fully compensated for all his or her damages is protected, even if, in some instances, it entails that party obtaining double recovery from both the insurer and the wrongdoer.” (*Miller, supra*, 103 Cal.App.4th at p. 379, *emphasis added*)

In California, the “**collateral source rule**” is well settled and tends to favor plaintiffs, in that defendants are barred from introducing any evidence of payment from a **collateral source** and a plaintiff’s recoverable damages are not reduced by such payments. This rule includes payments from insurance companies who reserve the right to subrogate to the rights of the plaintiff as well as gratuitous sources and insurance companies who are unable to recover any of the money they paid plaintiff.

Beyond the mandates of the **collateral source rule** (as previously articulated above), California courts have opined that the **collateral source rule** has become so integrated into our present tort system that, at least with respect to medical insurance benefits, any judicial nullification would create chaos and hardship. Accordingly, any deviation from its well accepted principles must be legislatively created. It certainly cannot be violated by a private non-judicial entity with no legal authority to do so.

California has supported the principles underlying the **collateral source rule** by developing a line of damages statutes to prop it up. For instance:

1. **Civil Code § 3333** provides that “for the breach of an obligation not arising from contract, the measure of damages, except where otherwise expressly provided by this code, is the amount which will compensate for all the detriment proximately caused thereby, whether it could have been anticipated or not.”

Claim Narrative

2. **Civil Code § 3281**, which states in part, *"every person who suffers detriment from the unlawful act or omission of another may recover from the person in fault compensation therefore in money, which is called damages."*

3. **Civil Code § 3282** defines the term "**detriment**" as *"a loss or harm suffered in person or property."*

4. **Civil Code § 1431.2 (b)(1)** defines the term "**economic damages**" as *"objectively verifiable monetary losses including medical expenses, loss of earnings, burial costs, loss of use of property, costs of repair or replacement, costs of obtaining substitute domestic services, loss of employment and loss of business or employment opportunities."*

Additional support for the **collateral source rule** and its cooperative statutes can be found in the **Restatement Second of Torts § 920A, comment b**, which states: *"It is the position of the law that a benefit that is directed to the injured party should not be shifted so as to become a windfall for the tortfeasor. If the plaintiff was himself responsible for the benefit, as by maintaining his own insurance or by making advantageous employment arrangements, the law allows him to keep it for himself."*

Regardless, Claimant is entitled to the difference from what he was paid and what he should have received, as well as *replacement value and loss of use* of the destroyed items, as his policy had such coverage. Claimant is also entitled to damages for *pain and suffering, emotional distress* and *fair value for the loss of irreplaceable sentimental items* that no dollar value could possibly compensate for. These amounts must be aggregated to include damages caused by *both fires*, as each contributed to the total amount of *emotional distress* and *PTSD* he has and will continue to suffer for the remainder of his life.

Additionally, Claimant is aware that the insurance companies, including **AAA**, have entered into a separate settlement agreement regarding their losses, including amounts paid out to individual insured. The terms of that agreement have no bearing or weight as it relates to compensating Claimant for the total damages he has occurred. Claimant's insurer has abandoned it's legal mandate to act as a *fiduciary*, *breached the covenant of good faith & fair dealing*, and has offered no *transparency*, instead opting to restrict Claimants access to critical claims information, an act of fraud, *(he made demands by phone, email & in-person)* essential in enabling Claimant to compare the initial claim he submitted *(which had a value of \$330,000.00 and was supported by research)* to the inventory that accompanied the settlement.

Claim Narrative

Further, there is strong antidotal evidence to suggest that **AAA**, intentionally engaged in *unfair & deceptive business practices* while making no attempt to discharge its *fiduciary and legal duty* to Claimant. **AAA** also sent Claimant a “different” version of the loss inventory. This “*simplified version*” had a compensation total nearly \$6,000.00 more than the loss inventory that accompanied the claims settlement. (See **Exhibit B2**)

Any attempt to bypass or otherwise circumvent the deeply embedded principles surrounding the **collateral source rule** would rob Claimant of the benefit of a long history of paying premiums. Claimant has paid \$1,500.00 a year for 15 years, approximately \$23,000.00. Such a violation would surely create a spike to the already high level of Claimant’s PTSD symptoms. Under the law, **AAA** is entitled to attempt to subrogate. A non-judicial body has no legal authority to ignore the well accepted principles that comprise the **collateral source rule**. Damages are further explained in the conclusion portion of this narrative.

II(a). Fire Victim Trust Agreement

It appears that the Claims Administrator has developed what appears to be a fair and equitable procedure (“*Available Insurance Recoveries*”) whereby the intent and purpose of the **collateral source rule** remains intact.

Available Insurance Recoveries⁵ shall include (i) any amount actually paid to the Fire Victim for damages/losses attributable to a Wildfire by an insurer under a policy of insurance, and (ii) any amount to be paid, payable, or otherwise owed to the Fire Victim for damages or losses attributable to a Wildfire by an insurer under a policy of insurance.

When determining these amounts, the Trustee shall consider, (i) the terms of any available policy of insurance and whether such policy or any other existing insurance policies can be reasonably interpreted to provide coverage, in full or in part, for the damages/losses that the Claimant seeks to recover from the Trust, (ii) the available policy limits of Claimant’s policy that can reasonably be construed to provide insurance coverage for each category of damages that Claimant seeks to recover from the Trust, (iii) whether Claimant exercised reasonable efforts to obtain all recoveries available under his policy for damages/losses attributable to a Wildfire, and, in Claimants case, (iv) the amounts that could or should have been paid under his policy of insurance to Claimant for damages/losses attributable to a Fire had Claimant taken reasonable efforts to obtain an insurance recovery for such damages/losses.

⁵ Synopsized here as a convenience for the Trustee and Claims Administrator.

Claim Narrative

A Fire Victim shall be deemed to have exercised reasonable efforts with respect to a category of damages/losses attributable to a Fire that is covered by a policy of insurance, if Claimant receives payments from an insurer pursuant to such policy that are equivalent to or greater than *(i)* the full amount of such damages/losses or *(ii)* the available policy limits for claims made for such damages/losses. Claimant exercised persistent and aggressive efforts contesting AAA's valuation of his claim and asserting that they were in *breach of the covenant of good faith and fair dealing*. Claimant was required to submit his claim via a computer program. Claimant has repeatedly demanded a copy of this claim submission for the purpose of comparing it to the inventory of items they paid for and their associated values. Claimant has been unsuccessful in obtaining specific details about the claim he submitted, let alone obtaining payment of the available policy limits. Claimant has exercised extraordinary efforts in asserting claims for damages/losses attributable to the fires. The Trustee should deem that Claimant has exercised reasonable efforts with respect to the recoveries available from his insurer for such damage/losses.

Claimant understands that the Trustee will be establishing procedures to assist Claimant *(and fire victims)* in recovering the full amount due Claimant under the applicable insurance policy. ***Claimant requests the Trustee for assistance (See Footnote #3).*** The purpose of this provision is to encourage all Fire Victims to fully pursue all rights and remedies available under their policies of insurance prior to asserting a claim against the Trust, and to ensure that insurance companies do not pass their coverage obligations on to the Trust.

Claim Narrative

III. Personal Injury and Related Damages

The suddenness of the wildfires, coupled with its power and unpredictability, created a chaotic and challenging response for the populace as a whole. Claimant's evacuation and personal property losses took place within the first 48 hours of the event but others in his community, and in all of the areas that were victimized by the fire, suffered daily for weeks and months later. Claimant did what he has always done, help family and friends in evacuation areas, which changed often, and volunteered wherever the need arose, which he did for the next three weeks. He traveled throughout the decimated counties of Northern California daily and through the weekends. This exposed him to massive levels of the toxic and deadly particulates in the atmosphere that were a direct result of PG&E's horrendously negligent behavior.

During the last week of this marathon effort aimed at helping and volunteering throughout Northern California, Claimant began experiencing pain and swelling in his lower right leg. He returned to work after the fires but the constant pain and discomfort made it difficult to discharge his managerial duties and he struggled (*physically & mentally*), resorting to using crutches to get through his shifts. Finally, the pain became unbearable and, on *December 1, 2017* he presented himself at the Emergency Room at Sutter Hospital in Santa Rosa. (*See Exhibit A5*) Claimant underwent numerous imaging and lab tests, as well as related procedures. The diagnosis was that Claimant had *subcutaneous edema* in his lower right leg, caused by *abnormal fluid retention in the tissues of the lower extremities*. Because of this diagnosis, Claimant underwent further testing as per a sepsis protocol (*Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its tissues and organs. This initial stage is followed by suppression of the immune system. Common signs and symptoms include fever, increased heart rate, increased breathing rate, and confusion.*) As part of this protocol, hospital staff conducted several extensive visual examinations of the exterior of his body in search of any wound or open area that would have provided an opportunity for *bacteria* to enter and facilitate the infection. ***There were none!***⁶ Claimant was given intravenous antibiotics and sent home pending results of further lab work. (*See Exhibit A5*)

The hospital called Claimant on *December 4, 2017*, and demanded that he return to the Emergency Room immediately because of alarming lab results. Upon arrival, Claimant received an infectious disease consultation

⁶ **It is important to note the significance of this.** This bacterium traditionally makes its way into the body and into the bloodstream through a break or open wound in the skin. In Claimant's case, his physicians opined that toxic particulates from the fires entered through his respiratory system.

Claim Narrative

and assessment. Claimant had contracted several serious infections as follows:

1. **MSSA Bacteremia** - MSSA, or methicillin - susceptible *Staphylococcus aureus*, is an infection caused by a type of bacteria commonly found on the skin. It is also called a staph infection. **Bacteremia** - is the presence of bacteria in the bloodstream that are alive and capable of reproducing. It is a type of bloodstream infection;

2. **Right Knee Infection with Abscess** - An abscess is an infection characterized by a collection of pus underneath a portion of the skin. Bacteria commonly causing abscesses are *Staphylococcus aureus* and *Streptococcus*. This bacterium normally enters the skin through any cracks or injury to the skin;

3. **Necrotizing Fasciitis** - Necrotizing fasciitis, often referred to as "flesh eating bacteria", is a severe bacterial infection that destroys muscles, skin, and underlying tissue. It can be deadly if not treated quickly. The word "necrotizing" refers to something that causes body tissue to die. Necrotizing soft tissue infection develops when the bacteria enters the body. The bacteria begin to grow and release harmful substances (toxins) that kill tissue and affect blood flow to the area. As the tissue dies, the bacteria enter the blood and rapidly spread throughout the body."

Claimant's condition was life threatening and required immediate surgical intervention to remove abscessed, dead and infected muscle and tissue. This is known as "*Surgical Debridement*." Debridement is defined as "the removal of sequestrate and resection of infected bone and soft tissue to improve the healing potential of the remaining healthy tissue." Adequate surgical debridement is the prerequisite for the successful treatment of skin, soft tissue, and bone infections. When *Necrotizing Fasciitis* is present such *fascia* must be excised with a scalpel until bleeding from small vessels appears. This is vital in life-threatening *necrotizing fasciitis*, where the only chance of survival is to remove the *necrotic fascia* completely. This often involves extensive incisions and the removal of virtually all *fascia* of the involved extremity. Had it not been for the rapid response of the staff at Sutter Hospital, Claimant would have died.

Accordingly, Claimant underwent *debridement* of his right leg and a 3 compartment *synovectomy*. A *synovectomy* is a surgical procedure used to treat *synovitis* (inflammation) and some other conditions that affect the *synovium*, a thin membrane that lines the inside of "synovial joints", which in Claimant's case was his knee. The immediate cause of the swelling and pain is usually inflammation and excessive growth of the *synovium*. In a

Claim Narrative

synovectomy procedure, much of the *synovium* is removed, as in Claimant's case.

During the procedure, inflamed *synovium* was *resected* (*surgical removal of part of an organ or other body part.*), a drain was sewn in place to the skin to avoid inadvertent dislodgement and an 8 cm incision was made midway between the knee and ankle causing large amounts of purulent fluid to flow from the wound, which was copiously irrigated with sterile saline solution. Claimant was placed in the ICU for 1 day and remained in the hospital until he was discharged on *December 7, 2020*. This period in the hospital, without which Claimant surely would have died, was assessed \$80,000.00. (See **Exhibit A6**)

Claimant then underwent 6 weeks of painful outpatient care that was comprised of daily injections of antibiotics and pain medication, as well as daily cleansing and monitoring of the wound. This level of care management is required when treating a "**flesh eating bacteria**" and was assessed \$30,200.00 (See **Exhibit A7**) When this care was completed, Claimant could not return to work immediately as the wound needed time to heal and he needed to attend, for a period of time (**at that point not yet determined**) physical therapy to regain the strength in his smashed and deformed leg. He began physical therapy on *January 2, 2018* and it lasted until *April 4, 2018*, at a cost of \$7,200.00 (See **Exhibit A8**) His therapists concluded that further therapy was of no benefit to Claimant and the hope was that over time increasing use would aid in returning his leg to the strength that existed prior to contracting the deadly infection. As of this writing, Claimant's leg has not improved and he has resorted to using a cane daily in order to navigate the day. (See **Exhibit A9**)

Claimant suffers daily from *physical pain, anxiety, panic, mental anguish, emotional distress, depression, feelings of negative self worth, and unrelenting memories and images surrounding the fire events.* (This list is not intended to be all-inclusive). In the aggregate, these daily symptoms comprise the basis for his physician's opinion that Claimant has developed *chronic PTSD* and will necessitate long term therapy, counseling and possible prescription drug care, which may cost tens of thousands of dollars each year. (See **Exhibit A - A4**) *Chronic PTSD* leads to significant disabilities with severe impairment in social and occupational function. To date, Claimant has been unable to engage himself in any type of talk therapy or counseling because when he lost his job, he lost critical health insurance. This must be addressed and resolved with a sense of urgency. With the development of these deadly lightning strikes and the ensuing wildfires, Claimant is being unrelentingly bombarded with *PTSD* triggers and related *anxiety and panic disorders*. Claimant is consumed with *severe depression*

Claim Narrative

and withdrawal, and is living everyday with "*fight or flight*" syndrome which is driven by the *neuro-chemical hormone adrenaline* and results in a range of psycho-physiological responses. Further, the lack of supportive resources, the current *Covid-19* pandemic, racial unrest and lack of employment have added multiple layers of uncertainty and severe anxiety to an already weighted bag of *PTSD* symptoms.

III(a). Measure of Damages

It has already been determined that PG&E is liable for all injuries the fires caused, both economic and non-economic damages. The only thing that remains is damages determination. Lawsuits seeking compensation for *PTSD* consider certain factors such as the severity and extent of the injuries that caused the *PTSD*, in Claimant's case they include, but are not limited to, *flesh eating bacteria injury and its long-term effects, the loss of irreplaceable personal property, loss of use of his lost property, loss of community, detachment from family/friends, severe emotional distress, depression, loss of career, loss of wages, loss of future earning capacity, loss of future income* and the associated degree of *pain and suffering*. Damages must be for past and future.

In 2019, a Los Angeles jury awarded more than *\$11 million* to two former employees who claimed they were sexually harassed and retaliated against for complaining about the harassment, as well as, suffering from panic and post-traumatic stress disorder that resulted from the harassment. The jury awarded *\$1 million* for past emotional distress damages, *\$1.5 million* for future emotional distress damages, and *\$3 million* in punitive damages to each woman. Added to that amount was a substantial amount of prevailing-party attorney's fees. In that case, there were no physical injuries and damages were awarded for the panic disorder and *PTSD* that was a direct result of the harassment the parties suffered. Similar cases abound in California. Any claims adjudication should require the person determining damages to sit in the jury box and make decisions along those lines.

Claimant has provided a *PTSD* diagnosis from his physician (*See Exhibit A*), a statement from his therapist agreeing with Claimant's physician (*See Exhibit A10*) and an initial treatment plan (*See Exhibit A11*), as well as statements (*signed under penalty of perjury*) from himself, his sister, a close personal friend, and a co-worker, in support of the fact that Claimant has and continues to suffer from *PTSD* since the fires in 2017 and 2019. (*See Exhibits A - A4 & A10*) This has been exasperated by a number of triggers such as the recent Lightning Complex fires, the Covid-19 pandemic, racial unrest, an injury that has handicapped him forever and

Claim Narrative

prevents him from working in his chosen career, and the agony created by the detachment from his family and loss of his community.

The measure of damages for medical expenses is all reasonable expenses necessarily incurred for doctors' and medical bills which the Claimant has paid or became obligated to pay and the amount of the reasonable expenses of medical care, treatment and services reasonably certain, to be required in the future. The reasonableness of, and the necessity for, such expenses are matters to be determined from the evidence. Claimant has provided the physician notes, from Sutter Hospital, detailing the progression and diagnosis of the disease, as well as related treatment. (*See Exhibit A5*). Further, Claimant has provided the costs of the hospitalization, (*See Exhibit A6*), the costs of outpatient care (*See Exhibit A7*) and the costs of the limited physical therapy he received (*See Exhibit A8*), as well as graphic photographs of the wound (*See Exhibit A9*). Damages are further explained in the conclusion portion of this narrative.

Claim Narrative

IV. Loss of Past & Future Wages, Future Earning Capacity & Related Damages

The cause of this deadly *flesh eating disease* is the direct result of PG&E's grossly negligent and reckless behavior in causing a firestorm that unleashed deadly levels of toxic and poisonous particulates into the atmosphere, blanketing Sonoma County. Claimant is entitled to *lost wages* for the time he couldn't work and was either hospitalized or receiving outpatient care. As well as the loss of the accrued sick leave and vacation he was forced to consume. Claimant was hospitalized on *December 1, 2017*, and physical therapy ended on *April 4, 2017*.

He returned to work but was overcome with *pain, anxiety, discomfort* and *depression*. His employer could not accommodate him with comparable employment. Claimant was earning *\$1,200.00* per week; accordingly applying that period of time to the afore-mentioned amount is *\$9,600.00* (*See Exhibit C*). He also had a handsome benefits package which included health insurance, personal sick leave and vacation. Prior to being hospitalized, Claimant had 38 hours of personal sick leave and 70 hours of vacation, hence those damages would be *\$2,400.00*. Damages must also include the value of those benefits at the time he couldn't work anymore.

The inquiry then turns on what would fairly compensate Claimant for *loss of future wages* and *lost of future earning capacity* caused by PG&E's tortuous conduct. It is reasonable to presume that, since the injury has restricted Claimant's mobility, he will need some job retraining. Any victim suing for damages for permanent injuries is permitted to base his recovery "*on his prospective earnings for the balance of his life expectancy at the time of his injury as a direct result of that injury.*" (*Fein vs. Permanente Medical Group (1985) 38 Cal 3d. 137, 153*) In addition, "*Damages may be awarded for lost earning capacity without any proof of actual loss of earnings.*" (*Heiner vs. Kmart Corporation (2000) 84 Cal.App.4th 335, 348, fn. 6*)

Claimant is aware that determining these damages can be argumentative and speculative so, with that said, is willing to suggest an offer to compromise that would save PG&E a considerable amount of money and provide a much needed opportunity for Claimant to re-insert himself back into the work place with a sense of confidence and purpose. Claimant's compromise, in this respect is for PG&E to provide Claimant with financial assistance in an amount adequate enough to provide vocational counseling and a job re-training program designed to identify his current skill set and level of education with the purpose of securing employment intended to earn wages equivalent to those in the past and adequate enough to maintain the lifestyle he has experienced for the past two decades. Claimant has

Claim Narrative

researched this issue and their relative costs, concluding that a vocational counseling and job program with the above-stated criteria would be approximately \$50,000.00. ***(Paid separately from the rest of the settlement)*** This compromise doesn't include any damages award for emotional distress and pain and suffering as it relates to what the injury has done to him emotionally and mentally. Damages are further explained in the conclusion portion of this narrative.

Claim Narrative

V. Conclusion and Prayer for Damages

Sadly, PG&E has a well documented history of causing fires and explosions as a direct result of their consistently tortuous and grossly negligent behavior (*for failing to maintain it's equipment and infrastructure*) These firestorms caused Claimant and thousands of other long term residents of Northern California irreparable harm and damages.

The fires in 2017 caused Claimant to suffer a life threatening bacterial infection that has forever altered his ability to remain employed in his chosen career and diminished his physical capabilities for the rest of his life. (*See Exhibits A-A11*) The 2017 fire also caused him *anxiety & panic disorders. severe emotional distress, pain, suffering and PTSD*. Also, Claimant lost everything he ever owned that he worked his whole life for (*personal property*), including irreplaceable items of great sentimental and personal value, to include the urn that held the ashes of his beloved grandmother. (*See Exhibit B - B3*) Further, these injuries resulted in *lost wages, lost future wages and future earning capacity*. (*See Exhibit C*)

The fire in 2019 caused Claimant to panic and flee his community forever, exasperating his mental state, resulting in *chronic PTSD and severe and pervasive depression*. Losing the benefit of his family and community has forever altered Claimant from being a confident, patient and positive individual into a pessimistic, paranoid, and negative shell of his former self.

Claimant has provided "*best documentary evidence*" in his possession to support his claim and will cooperate with reasonable requests from the Trustee in an effort to resolve this claim.

Damages by Category

1. Physical Injury:

- A. **Hospital Bill** - \$80,000.00 (*See Exhibit A5*)
- B. **Outpatient Care** - \$30,200.00 (*See Exhibit A6*)
- C. **Physical Therapy** - \$7,500.00 (*See Exhibit A7*)
- D. **Future Physical Treatment** - to be determined
- E. **Future Mental Health Treatment** - to be determined
- F. **Misc. Out-of-Pocket Expenses** - \$1,200.00
- G. **Future Diminished Use of Leg** - to be determined (*See Exhibit A8*)
- H. **Past & Future Mental Anguish** - to be determined
- I. **Past & Future Pain & Suffering** - to be determined

Claim Narrative

2. Damage to Personal Property:

- A. Actual Damage** - \$330,000.00 (*Claimant has received only \$147,000.00 for his losses*) (*See Exhibit B, B1 & B2*)
- B. Replacement Value** - to be determined
- C. Loss of Use** - to be determined
- D. Loss of Premiums** - \$24,000.00
- E. Loss of Irreplaceable Sentimental Items** - to be determined
- F. Past & Future Mental Anguish** - to be determined
- G. Past & Future Pain & Suffering** - to be determined

3. Loss of Wages & Related Damages:

- A. Loss of Wages** - \$9,600.00 (*See Exhibit C*)
- B. Loss of Accrued Time** - \$2,400.00
- C. Loss of Future Wages & Earning Capacity** - to be determined (*See Claimant's Offer of Compromise above*)
- D. Loss of Career** - to be determined
- E. Loss of Future Benefits** - to be determined
- F. Past & Future Mental Anguish** - to be determined
- G. Past & Future Pain & Suffering** - to be determined

4. Emotional Distress & Chronic PTSD:

- A. Loss of Community** - to be determined
- B. Detachment With Family/Friends** - to be determined
- C. Past & Future Depression** - to be determined
- D. Past & Future Anxiety** - to be determined
- E. Past & Future Panic Disorders** - to be determined
- F. Amount for Chronic PTSD** - to be determined

5. Punitive and Exemplary Damages - to be determined.

PG&E's strategy of avoiding a jury by turning litigants into bankruptcy creditors, by its very nature, prevents all Claimants from receiving true and fair compensation. Claimant reminds the Trustee of the 2019 Los Angeles case referenced above. In that case, there were no physical injuries and damages were awarded for panic disorder and PTSD that was a direct result of the harassment the parties suffered through, for a limited time. Each of the two Plaintiffs in that case received \$1,000,000.00, for past emotional distress, \$1.5 million for future emotional distress and \$3 million in punitive damages. There was no physical injury in that case.

Claim Narrative

In the “*Frequently Asked Questions*” section of PG&E’s *Fire Victim Claim Plan Treatment Summary*, Question #31, states, “I received insurance for my claim. Does that affect the amount of my claim? Answer: Yes. You cannot receive money from the Fire Victim Trust for the same exact losses that were paid from insurance. In other words, you cannot receive a “double recovery.” Your recovery may be reduced by the amount of your insurance.”

As previously asserted and reinforced here, a non judicial body such as a private law firm tasked with claims administration has no authority to disregard the well settled and established laws of the State of California. The events that gave rise to the accumulation of injuries that Claimant has suffered occurred in California, Claimant resides in California and relevant witnesses with specific knowledge of Claimants injuries reside in California. Accordingly, the laws of the State of California will govern this Claims process. Attempts to ignore the **collateral source rule**, without a procedure intended to produce the same results that the rule would, will only serve to unjustly enrich Claimant’s insurance company, who has already failed to properly adjudicate Claimant’s claim, paying only ½ of the value of the irreplaceable items lost and none of the *replacement values*. As stated *supra*, the **collateral source rule** “*is intended to ensure that the right of an injured party to be fully compensated for all his or her damages is protected, even if, in some instances, it entails that party obtaining double recovery from both the insurer and the wrongdoer.*” (*Miller, supra, 103 Cal.App.4th at 379, emphasis added*)

Dated: October 6, 2020

Respectfully Submitted,

Enrique Galvez

Claimant Enrique Galvez

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Claimant's Review of the Insurance File
Galvez 1002-91-4931

Results of Claimant's review of the Claim File in this matter.

The file contains 2776 individual pages. The intended purpose was to identify redactions of both protected and privileged information. Below are some observations that require the Trustee to determine the appropriateness of redactions intended to protect privileged information. Without a privilege log, one that provides information adequate in nature to assist a judge in conducting an in-camera review, it is impossible to determine whether these wholesale redactions and missing pages are appropriate.

Below is a simple index of the redactions and missing pages that seem questionable to Claimant:

	Location in Production:	Description:	Status:
1.	Page 1	"Subrogation Status"	Redacted
2.	Page 2 (Pg. 2 of document)	"Latest Notes"	Redacted
3.	Page 3 (Pg. 39 of document)	"Latest Notes"	37 pages withheld
4.	Page 4 (Pg. 40 of document)	"General Status Section", "Subrogation Status"	Redacted
5.	Page 5 (Pg. 41 of document)	"SIU Status, SIU Score & Referred to SIU Team"; "Flag Details", "Potential Policy Limits Issues", "Flagged Status"	Redacted
6.	Page 6 (Pg. 43 of document)	"Is there subrogation potential for this loss"	Redacted
7.	Pages 11 & 12 (Pg. 49 & 50)	MISSING	-----
8.	Page 18 (Pg. 56 of document)	Claimant's bank data should be redacted	-----
9.	Page 49 (Pg. 81 of document)	"Latest Notes"	Redacted
10.	Page 50 (Pg. 124 of document)	End of "Latest Notes"	37 pages withheld
11.	Page 67 (Pg 141. of document)	"Status"	Redacted
12.	Pages 68 & 69 (142 & 143 of document)	"Subrogation Recoveries Notes"	Redacted

These blanket redactions and withholding of pages, without producing a privilege log to support these actions, continues to demonstrate CSAA's breach of its fiduciary duty and its breach of the covenant of good faith & fair dealing. Since the Covered Fire Victim Claim shall be reduced on a dollar-for-dollar basis by all insurance recoveries available to the Fire Victim on account of such damages or losses, it is imperative that CSAA be transparent with its subrogation files so that Claimant and PG&E can insure that that this insurer did not profiteer or otherwise enrich itself to the detriment of its

Claimant's Review of the Insurance File
Galvez 1002-91-4931

insured's who has already been mistreated and under compensated. Further, this proceeding has ignored the collateral source rule and instead, reduces Claimants recovery on a dollar-for-dollar basis by all insurance recoveries. The tortfeasor "should *not be able to avoid payment of full compensation for the injury inflicted merely because the victim has had the foresight to provide [herself] with insurance.*" (*Helfend, supra, 2 Cal.3d at p. 10, emphasis added*) The collateral source rule "is intended to ensure that the right of an injured party to be fully compensated for all his or her damages is protected, even if, in some instances, it entails that party obtaining double recovery from both the insurer and the wrongdoer." (*Miller, supra, 103 Cal.App.4th at p. 379, emphasis added*) Claimant has a right to insure that his insurer recovers only what it has paid Claimant which is an amount well below the policy limits and none of the \$181,000.00 coverage amount he had in his policy for loss of use.

As Claimant previously asserted in his narrative, Claimant submitted a timely and procedurally sound claim with his insurance company through their internal computer program. His submission of was carefully developed based on research and extensive interviews with family and friends with possible knowledge of certain items. This claim sought \$330,000.00, and was supported by research Claimant had undertaken. Claimant worked daily with the adjuster, who repeatedly confirmed and agreed with the values that Claimant submitted, only to later accuse Claimant of inflating values. CSAA paid Claimant only \$147,000.00 well short of the actual value of his destroyed personal property and well below the policy limits of \$350,000.00. Also, he did not get paid replacement value despite having that coverage in his policy and the depreciation value of \$36,000.00. Further, Claimant hasn't received compensation for the *loss of use* of his lost personal property, again, despite having \$181,000.00 of coverage in his policy.

Claimant has expended great efforts attempting to recover all amounts due him under his policy of insurance. A Fire Victim shall be deemed to have exercised reasonable efforts with respect to a category of damages or losses arising from or attributable to a Fire that is covered by a policy of insurance if such Fire Victim receives payments from an insurer pursuant to such policy that are equivalent to or greater than (i) the full amount of such damages or losses or (ii) the available policy limits for claims made for such damages or losses. If a Fire Victim is unsuccessful in obtaining payment of the available policy limits from an insurer after exercising reasonable efforts in making claims for damages or losses arising from or attributable to a Fire, the Trustee may, in his or her sole and absolute discretion, accept an assignment of his or her rights against the insurance company ("**Claimant Insurance Rights**") to the Trustee, in which event the Fire Victim shall be deemed to have exercised reasonable efforts with respect to the recoveries available from such insurer for such damages or losses.

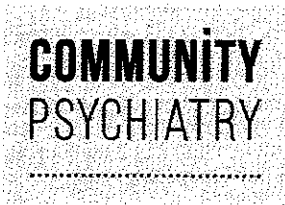
A Fire Victim shall be deemed to have exercised reasonable efforts with respect to a category of damages/losses attributable to a Fire that is covered by a policy of insurance, if Claimant receives payments from an insurer pursuant to such policy that are equivalent to or greater than (i) the full amount of such damages/losses or (ii) the available policy limits for claims made for such damages/losses. Claimant exercised persistent and aggressive efforts contesting CSAA's valuation of his claim and asserting

Claimant's Review of the Insurance File
Galvez 1002-91-4931

that they were in *breach of the covenant of good faith and fair dealing*. Claimant has been unsuccessful in obtaining specific details about the claim he submitted, let alone obtaining payment of the available policy limits. Claimant has exercised extraordinary efforts in asserting claims for damages/losses attributable to the fires. The Trustee should deem that Claimant has exercised reasonable efforts with respect to the recoveries available from his insurer for such damage/losses.

Pursuant to the Fire Victim Trust Agreement, 2.6 Credits for Amounts Covered by Insurance, (d), Claimant requests the Trustee to provide assistance to recover the full amount due under the applicable insurance policy.

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June 30, 2021

RE: Enrique Galvez
DOB: 11/27/1969

To Whom it May Concern:

I am Enrique Galvez's treating psychiatrist; he was initially evaluated on 06/08/2021. I am writing this letter, at the request of Mr. Galvez, to confirm that he has been diagnosed with a mental health disorder as recognized by the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) for which he is currently undergoing treatment. His current working diagnosis is: Anxiety (F41.9) and PTSD (F43.10).

Her current medication regimen includes:

- Fluoxetine 10mg
- Doxepin 10mg

Sincerely,

A handwritten signature in black ink, appearing to read "Jacob M", with a long horizontal flourish extending to the right.

Dr. Jacob Moulds, DO

COMMUNITYPSYCHIATRY.COM



NARRATIVE RE: DELAY DAMAGES

July 20, 2021

To Whom it May Concern:

Claimant submits this formal inquiry into the status of his case, which has been submitted and compliant since October 6, 2020 to include a completed claims questionnaire. It seems that the claims evaluators have not even began work on this case. Claimant requested, at page 12 of his narrative, that the trustee provide assistance with his insurance provider, yet we have heard nothing from the claims administrator.

These unwarranted and unexplained delays have only served to exasperate Claimants level of PTSD. With the silence from PGE, the uncertainty of any fair settlement and anxiety over the future have constructed a whole layer of PTSD covering the PTSD concerning the fires and the fallout and loss from same.

With little resources, Claimant has endeavored to mitigate any damage surrounding both the physical and mental injuries related to the wildfires, while the tortfeasor, the party with resources takes no action to insulate Claimant from unnecessary damage.

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DEFICIENCY NOTICE

DATE OF NOTICE: 9/10/21

I. FIRE VICTIM INFORMATION

Claimant Name:	Enrique Galvez		
Law Firm:	Pro Se		
Claimant ID:	1021557	Claims Questionnaire ID:	10012510
Damage Category:	Real and Personal Property	Claim ID:	50006

II. EXPLANATION OF MISSING INFORMATION OR DOCUMENTATION

This Notice is an official communication from the Claims Processor for the Fire Victim Trust. Your submitted claim is missing documents or information that prohibits us from concluding our review to make a final determination.

This Notice explains what is missing and what you may do to address the issue. We can help if you have questions. To cure the issues identified in this Notice, click the Respond to Deficiency Notice button on your secure online Portal and follow the instructions provided to upload the information identified below. If you already have provided us with the missing information, let us know because we may have received it after conducting the review that generated this Notice.

The following requires attention before we can act further:

	What is Missing	How to Address this Item
1.	You did not submit sufficient documentation to demonstrate any Insurance claims or payment related to the claimed property.	Provide documentation demonstrating any insurance policies you had related to the claimed property.

III. HOW TO RESPOND TO THIS NOTICE

We encourage you to gather the requested information or documents now and respond to this Notice promptly. The sooner you respond, the sooner your submitted claim can move forward in the review process.

Send us the missing information or documents identified in Sections II or III. We will re-review your submitted claim when documents are received. If you do not respond, we will have to assess your submitted claim based on the materials we have, which could lead to a lower determination or denial of your claim in its entirety.

Submit the requested missing or incomplete information by using your secure online portal to upload additional documents.

IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about this Notice or need help, call us at 1-888-664-1152 or email info@firevictimtrust.com.



V



DEFICIENCY NOTICE

DATE OF NOTICE: 10/8/21

I. FIRE VICTIM INFORMATION

Claimant Name:	Enrique Galvez		
Law Firm:	Pro Se		
Claimant ID:	1021557	Claims Questionnaire ID:	10012510
Damage Category:	Real and Personal Property	Claim ID:	50007

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This Notice explains what is missing and what you may do to address the issue. We can help if you have questions. To cure the issues identified in this Notice, click the Respond to Deficiency Notice button on your secure online Portal and follow the instructions provided to upload the information identified below. If you already have provided us with the missing information, let us know because we may have received it after conducting the review that generated this Notice.

The following requires attention before we can act further:

	What is Missing	How to Address this Item
1.	You did not submit sufficient Supporting Documentation to verify the level of damage that you experienced due to an Included Fire.	To be eligible to receive compensation from the Trust for a Real or Personal Property Claim you must submit documentation showing the level of damage that was sustained as the result of an Included Fire (e.g. photos, insurance documents, Post-Fire appraisals, etc.).
2.	You did not submit sufficient Supporting Documents to establish the value of your damaged property and the costs of repairs to or replacement.	The Trust does not have a value for the Personal Property damaged by the Fire. If you have a value, you may submit it to expedite your claim. Supporting Documents sufficient to establish the Value can include a list of items destroyed or damaged with valuations, proofs of purchase, pre-Fire and post-Fire photos or videos, appraisals, and Other Supporting Documents in your possession showing the Pre-Fire condition or value of the property. If you do not have a value, the Trust may be able to provide an estimate for your claim.





DEFICIENCY NOTICE

III. HOW TO RESPOND TO THIS NOTICE

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Send us the missing information or documents identified in Sections II or III. We will re-review your submitted claim when documents are received. If you do not respond, we will have to assess your submitted claim based on the materials we have, which could lead to a lower determination or denial of your claim in its entirety.

Submit the requested missing or incomplete information by using your secure online portal to upload additional documents.

IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about this Notice or need help, call us at 1-888-664-1152 or email info@firevictimtrust.com.

www.FireVictimTrust.com

2 of 2

Claim ID: 50007
CQ ID: 10012510

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REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

Real Property and Personal Property Eligibility Criteria

Real Property Claims are Claims for damage to structures on residential or commercial real property, landscaping, forestry, and other real property improvements (e.g., hardscape, fencing, retaining walls, pools, and solar panels) that was caused by or arising from an Included Fire.

Personal Property claims are for damages to personal property as a result of the Fire. Personal Property is movable property; belongings exclusive of land and buildings, such as household items (for example: clothes, furniture or tools) and mobiles.

Real and Personal Property Claims also include damages for Additional Living Expenses or Loss of Use. Additional Living Expenses (ALE) include, but are not limited to, the following: (1) housing (hotels, apartments, homes, travel trailers, mobile homes, or other temporary housing, moving fees, security deposits); (2) utilities (increased utility costs for electricity, gas, water, sewage, and mobile phones); (3) household costs (laundry, dry cleaning, and housekeeping); (4) furniture rental; (5) food (restaurant meals and groceries); (6) emergency clothing and toiletries; (7) storage for personal property being transferred to another location; (8) boarding of pets and non-commercial livestock; and (9) use of alternative transportation, such as public transportation and ride-share services; and (10) additional mileage to and from work or school. Loss of Use (LOU) is the actual loss of use of the property that was damaged by the fire and is calculated by determining the fair market rental value of the property immediately before the fire and multiplying that amount by the number of months the Claimant was dislocated.

I. Real Property.

A. Overview.

The Trust will evaluate Real Property claims for damages to Structures on Residential or Commercial Real Property, damages to Forestry and Landscaping, and damage to other Real Property improvements (for example: fencing, retaining walls, pools, solar panels, hot tubs, and decks). Residential Property is defined as Real Property consisting of a dwelling that contains no more than four residential units, as well as individually owned units in a residential stock cooperative, condominium, or planned unit development and the Claimant occupies the dwelling or one of its units as their residence. This includes single family homes, multi-family homes, manufactured homes, mobile homes, apartments and condominiums. Commercial Property is all Real Property, except for residential property or vacant land. This includes agricultural property, apartment or condo buildings, commercial office buildings, education and school facilities, healthcare and medical facilities, hospitality and lodging, industrial property, mobile home parks, parking structures and facilities, public and community facilities, retail property, and transportation and airplane related properties.

A Real Property Claim can be for either Diminution in Value (DIV) or Cost of Rebuild/Repair (CoR).



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

1. **Diminution in Value (DIV).** Diminution in Value is the difference between the Fair Market Value of the Real Property immediately before the Fire and the Fair Market Value of the Real Property immediately after the fire.
2. **Cost of Rebuild or Repair (CoR).** Cost of Rebuild or Repair is the actual cost to rebuild or repair the property that was damaged by the Fire. The Cost of Rebuild or Repair can be based on an estimate that is received from insurance or StoneTurn if the Claimant does not provide adequate documentation to show the actual Cost of Rebuild or Repair. Any payment for CoR will be offset by insurance payments the Claimant has previously received.

B. **Eligibility to Submit Claim.**

Each Claimant asserting a Real Property Claim must meet the following requirements. Claimants who do not meet these requirements are not eligible for compensation for a Real Property Claim.

1. **Owner or Lessee of Damaged Property.** To be eligible to receive compensation from the Trust for a Real Property Claim, a Claimant must have:
 - (a) Owned the property when it was damaged by the Included Fire; or
 - (b) Leased the property, in which case the lease—
 - (1) Gave the Claimant the right to possess the property at the time it was damaged by the Included Fire; and
 - (2) Was executed before the Included Fire occurred; or
 - (c) Received an Assignment of Rights from the Owner or Lessee at the time of the Included Fire. A claim that was sold or assigned before June 20, 2020 will be recognized and processed as if the assignee was the original holder of the claim. Otherwise, subject to certain limited exceptions, the Order Confirming the Plan of Reorganization and the Trust Agreement prohibit the sale or assignment of a Fire Victim Claim from and after June 20, 2020.
 - (d) Inherited the Rights from the Owner or Lessee at the time of the Included Fire.
2. **Proof of Authority.**
 - (a) **Identity.** The Claimant must submit Supporting Documents sufficient to verify their identity. The Trust will verify the accuracy of this information before beginning review of the Real Property Claim.
 - (b) **Ownership/Right to Possess.** The Claimant also must submit sufficient Supporting Documents reflecting that each Claimant identified in the Claims



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

Questionnaire who is asserting a Real Property Claim owned or leased the property.

(1) **Owner.** If the Claimant is the owner of the damaged property, they must submit one or more of the following to prove their ownership:

- a. Deed;
- b. Land grant;
- c. Mortgage Documentation;
- d. Loan Documentation;
- e. Title Search showing ownership; or
- f. Other Documentation showing ownership at the time of the Fire.

If more than one Real Property claim has been made for a single location, the Claimant may be required to submit additional ownership documentation to ensure that the Trust does not overpay for the loss location.

(2) **Right to Possess.** If the Claimant has or had a lease, executed before the Fire occurred, granting them possession of the property, and the Fire damaged the property during the Claimant's period of possession, the Claimant must submit one or more of the following:

- a. Lease or Rental Agreement showing date of occupancy;
- b. Cancelled checks for rent;
- c. Utility Bill for the Property dated contemporaneously with the Fire; or
- d. Other documentation showing occupancy contemporaneously with the Fire.

(c) **Causation.** The Claimant asserting the Real Property Claim must provide the Trust with evidence proving that an Included Fire was the direct cause of the property damage for which the Claimant is seeking compensation.

C. Compensation for Damage to Real Property.

Real Property Claims that satisfy the eligibility criteria listed above will receive the lesser of DIV of the property lost to the Fire; or if the homeowner elects to repair, rebuild or replace the house via purchase of another house at another location, the homeowner is



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

entitled to the reasonable cost of rebuilding the home at its original location with materials of like kind and quality.

If a home is only partially damaged or suffers smoke damage, the measure of the loss is the reasonable cost of repairs and/or cleaning and elimination of smoke damage.

1. **Diminution in Value (DIV)**. If the Claimant does not desire to repair, rebuild or replace their property, DIV will be used to calculate compensation. To calculate DIV, the Trust will determine the fair market value of the property immediately before the Fire by analyzing sales of comparable homes before the Fire. Alternatively, if the Claimant submits an appraisal of the home by a certified real estate appraiser at the time of the Fire, the Trust will consider accepting it as long as it is reasonable.

Once the Trust determines the fair market value of the home before the Fire, the Trust will subtract from it the value of the lot the house was located on after the Fire. The value of the lot is to be determined by either its:

- (a) Sales price, less costs of sale, if the lot was sold; or
- (b) Assessed value as determined after the Fire.

Most persons who lose their homes in fires ask the county to reassess their property to reflect the value of the lot only after a fire to lower their property taxes. Sometimes assessors will make the reduction/reassessment without request.

Once the Trust determines the DIV of the Claimant's residence, the Trust will subtract from it any amounts paid to the Claimant for the residence/dwelling/house, other/appurtenant structures, code upgrades, extended replacement costs, and landscaping. However, any amounts paid for debris removal will not be deducted, as these amounts are being paid to clear the property and not as payment for the damage or destruction of the property.

2. **Cost of Repair or Rebuild (CoR)**. A Claimant is entitled to the reasonable cost of rebuilding their home using materials of like kind and quality, either on the Claimant's lot at the time of the Included Fire or on another lot. If the Claimant elects to rebuild on another lot, then the Claimant is only entitled to the cost of replacing their home on the original lot. Many Claimants engaged in rebuilding their homes will have plans and construction contracts which will be used to determine the cost of rebuilding.

Reconstruction costs include the cost of reconstruction, architects' fees, permit fees, and all necessary components of reconstruction. If the total reconstruction cost is higher than the before mentioned percentages, then additional review of the reconstruction cost contract/estimate will be required before acceptance.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

If the Claimant does not have an estimate of the cost to rebuild their prior home or is not in contract to rebuild their prior home, then a reasonable cost to rebuild will be computed for the Claimant.

Once the cost to rebuild has been established, monies paid or to be paid by the insurer for rebuilding the home, other structures, code upgrades, extended replacement cost, and landscaping will be deducted to determine the value of the Claim. However, any sums paid for debris removal will not be deducted.

The Trust will determine the reasonable and necessary costs to rebuild or repair the damaged property based on the following factors:

- (a) Claimant's use of the structure(s) and other improvement(s) on the property;
- (b) Severity of damage to the structure(s) (*e.g.*, burn damage vs. smoke and soot damage);
- (c) Extent of damage to the structure(s) and other improvement(s) (*e.g.*, damage to the entire structure vs. damage to part of the structure);
- (d) Square footage of structure(s);
- (e) Geographic location of the property;
- (f) Size of the vegetation on the property immediately before the Included Fire;
- (g) Severity and extent of damage to vegetation;
- (h) Type(s) of vegetation damaged; and
- (i) Fair market value of the property immediately before the Included Fire.

D. Compensation for Additional Living Expenses and Loss of Use

Additional Living Expenses ("ALE"), sometimes referred to as loss of use, are funds owed and paid by the insurer over time to compensate the insured while living in temporary quarters while rebuilding or replacing their home. These payments are usually computed by determining the cost of residing in temporary quarters and other attendant costs such as additional commute costs, the cost of eating out more often, etc. Some policies offer the insured the option of receiving the reasonable rental cost of their former home as their additional living expense payments.

Many Claimants will make both a Claim for ALE and a Claim for Loss of Use ("LOU"), which is computed differently than Claims for additional living expenses/loss of use in an



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

insurance policy. LOU is the reasonable cost of loss of use of the former home and is usually computed as the reasonable rental value of the former home in its furnished condition. A Claimant is not entitled to receive payment for both ALE and LOU for the same loss. The Claims Administrator will determine the value of either ALE or LOU depending on the documentation provided and will deduct any amounts paid by the insurer or which will be paid by the insurer in the future for additional living expenses/loss of use from the Claimant's Claim.

ALE and LOU Claims end when a Claimant moves into their rebuilt or replacement home. Otherwise, ALE can be awarded for up to 4 years (48 months) from the date of the Included Fire.

E. Compensation for Landscaping & Forestry.

Landscaping improvements made to real property before the Fire and that are damaged or destroyed can be claimed by providing a description of the type and quantity of landscaping improvements that were damaged. "Landscaping" means any changes made to the property with the intent to improve its visual appearance (e.g., shrubs, flower beds, mulched areas, artificial ponds, etc.).

A Claimant may also seek damages for forestry that is not actively landscaped, such as trees, bushes and other naturally growing vegetation, if it is located on the real property. Landscaping and forestry damages will be calculated in the same manner as traditional Real Property and will be measured either by Diminution in Value or Cost of Repair.

The Trust may compensate claimants for the cost of cleanup of damaged forestry, but only for the cost of the first initial cleanup visit. The Trust will not compensate any additional cleanup visits.

A Claimant may submit the following documents to establish the value of the damaged property and the costs (actually incurred or yet to incur) of repairs to or replacement of the damaged property:

1. Appraisals;
2. Tax records;
3. Purchase records;
4. Mortgage or loan documentation showing the pre-Fire condition or value of the property;
5. Permits;
6. Contractor estimates or invoices;



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

7. Arborist reports, timber surveys, or documents relating to landscaping; or
8. Other Supporting Documents in the Claimant's possession.

II. Personal Property.

A. Overview.

Personal Property Claims are Claims for loss of or damages to property that is movable, such as household items (*e.g.*, clothes, furniture, or tools) and automobiles, as a result of the Included Fires. Personal Property Claims also encompass harm to or loss of pets and animals owned for personal use. A Claimant may submit Claims for livestock and animals used for agricultural and farming purposes as part of their Business Income Loss Claim. Claimants can make a claim for Personal Property without making a claim for Real Property.

B. Eligibility to Submit Claim.

Each Claimant asserting a Personal Property Claim must meet the following requirements. Claimants who do not meet these requirements are not eligible for compensation of a Personal Property Claim.

1. **Owner of Damaged Property.** The Claimant must have owned the personal property at the time that it was damaged by the Included Fire.
2. **Included Fire Caused the Damage.** The Claimant asserting the Personal Property Claim must provide the Trust with evidence proving that an Included Fire was the direct cause of the property damage for which the Claimant is seeking compensation.

C. Proof of Authority.

1. **Identity.** The Claimant must submit Supporting Documents sufficient to verify their identity. The Trust will confirm the accuracy of this information before beginning review of the Personal Property Claim.
2. **Ownership of Personal Property.** The Claimant also must submit sufficient Supporting Documents reflecting that each Claimant identified in the Claims Questionnaire who is asserting a Personal Property Claim meets the ownership/right to possess Real Property criteria outlined in Section I.B.2(b) above. The Claimant may provide one or more of the following documents to prove ownership of the damaged property:
 - (a) List of items destroyed or damaged by the Included Fire;
 - (b) Proofs of Purchase (*e.g.*, receipts, invoices);



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

- (c) Appraisals;
- (d) Pre-Fire photos or videos showing that the Claimant possessed the damaged property; or
- (e) Other Supporting Documents within the Claimant's possession.

D. Compensation for Damage to Personal Property.

Claimants must either submit an inventory of lost or damaged property with suggested values, or the Trust will compute a reasonable value of personal property lost. Once the Trust has established the value, The Trust will deduct any amounts paid by the insurer for a contents loss, excluding debris removal expenses.

Renters and visitors are classified accordingly:

1. Visitors.

- (a) Claimant was visiting temporarily at the time of the Fire. All personal property are items they had with them as they travelled.
- (b) Claimant must provide an inventory.
- (c) Awards are capped at \$2,000.

2. Storage Unit.

- (a) Claimant did not live at the location but stores property in a room, garage, or storage unit.
- (b) This is often children or individuals who pay for storage units.
- (c) Claimant must provide an inventory.
- (d) Awards are capped at \$5,000.

3. Occupant.

- (a) Claimant did not typically pay rent.
- (b) Examples include a child staying with parents briefly, a Claimant who has a primary residence somewhere else, a Claimant whose personal property is limited to items in their room.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

- (c) A renter with a sublease for part of the house including their room and access to common areas is considered an occupant.
- (d) The Claimant files a separate Claims Questionnaire and they are one of several individuals (four or more) who rent the property (regardless if it is a single-family home or apartment).
- (e) Claimant must provide an inventory.
- (f) Awards are capped at \$20,000 per Claimant.

4. Multi-Unit.

- (a) Claimant lives in dwelling with multiple units (e.g. apartment complex) and asserts a claim on the same Claims Questionnaire with all the other residents from the multi-unit dwelling. This includes duplexes where there are four or fewer separate units.
- (b) No inventory required.
- (c) Awards are capped at \$20,000 per resident plus \$5,000 per minor resident.

5. Single Family Home.

- (a) Claimant rents an entire home alone or with family, or all Claimants on the Claims Questionnaire rent the entire home.
- (b) No more than three Claimants file separate Claims Questionnaires.
- (c) No inventory is required.
- (d) If no inventory is provided, Claimants receive 25% of the structure's CoR.
- (e) If inventory is provided, Claimants receive up to 40% of the structure's CoR.

6. Mobile Home.

- (a) Claimant rents a mobile home that has been confirmed to be damaged by the Included Fire.
- (b) No Inventory Required.
- (c) If no inventory is provided, the Claimant receives \$27,500.
- (d) If an inventory is provided, the Claimant receives up to \$44,000.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

E. Establishing Value of Specific Personal Property.

A Claimant may submit one or more of the following Supporting Documents to establish the value of the damaged property and the costs (actually incurred or yet to incur) of repairs to or replacement of the damaged property:

1. List of items destroyed or damaged;
2. Proofs of purchase;
3. Pre-Fire and post-Fire photos or videos;
4. Appraisals; or
5. Other Supporting Documents in the Claimant's possession.

III. Smoke and Ash Damage Claim Eligibility

- A. Eligible Claims: Loss locations *within five miles* of the established qualifying CalFire fire perimeters.
- B. Ineligible Claims: Loss locations *outside five miles* of the established qualifying CalFire fire perimeters, subject to the discretion of the Claims Administrator.
- C. Smoke and Ash Damages Within Five Miles of Established CalFire Fire Perimeters

1. Real Property.

- (a) Statement under the penalty of perjury *only* with no supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive \$250 per adult Claimant.
- (b) Claims with supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive up to \$20,000 per loss location prior to offsets for insurance or FEMA payments.

2. Personal Property.

- (a) Owners, Renters and Occupants of Single-Family Homes, Multi Unit Structures Mobile Homes and Manufactured homes:
 1. Statement under the penalty of perjury *only* with no supporting documentation for damages and out of pocket expenses in association with smoke and ash



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

remediation for loss locations within five miles of the established CalFire fire perimeters will receive \$250 per adult Claimant.

2. Claims with supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive up to \$10,000 per loss location prior to offsets for insurance or FEMA payments.

(b) Storage:

1. Statement under the penalty of perjury *only* without any supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive \$250 per adult Claimant.
2. Claims with supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive up to \$5,000 per loss location prior to offsets for insurance or FEMA payments.

(c) Visitor:

1. Statement under the penalty of perjury *only* without any supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive \$250 per adult Claimant.
2. Claims with supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive up to \$2,000 per loss location prior to offsets for insurance or FEMA payments.
3. **Additional Living Expenses.** The Trust will award additional living expenses for properties that were not destroyed based on actual documented costs.
4. **Trees.** The Trust will compensate losses for trees and vegetation for properties located within the Cal Fire perimeter to be valued consistent with the model. Claims for tree damage outside the perimeter are ineligible, subject to supporting documentation and discretion of Claims Administrator.

IV. **Prejudgment Interest.**

The Trust will add prejudgment interest, applied to the net award. Interest is calculated at the statutory rate set by CCP § 3287.



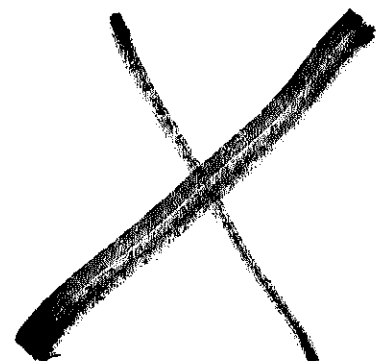
REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

V. Attorneys' Fees for Inverse Condemnation.

If the Claimant is represented by attorney, the Trust will add reasonable attorneys' fees to the net award, following CCP § 1021.9. Attorneys' fees apply at the percentage to which the law firm and the Trust have agreed.

VI. Credits for Amounts Covered by Insurance.

Pursuant to Section 2.6 of the PG&E Fire Victim Trust Agreement, any determination resulting in an award shall be reduced by all insurance recoveries available to the Fire Victim, whether or not the Fire Victim actually made a claim against a policy of insurance for such damages or losses. The award will be offset by the Claimant's policy limits available to him or her at the time of the fire, not what the insurance carrier paid to the Claimant as a result of the fire.



Response to 9/10/2021 & 10/8/2021 Deficiency Notices

I. The 9/10/2021 Deficiency Notices: This notice seemed to seek clarity about the loss of Claimants Personal Property at the Hopper Avenue location. There may be confusion because all the Insurance Inventories and the Policy refer to Claimants former residence at 1832 Sansone Drive. That house sold and closed escrow approximately 8 days before the fire. All of Claimants Personal Property was moved to the storage location on Hopper Avenue, at the time of the fire loss, Claimants homeowner's insurance policy was still in effect. This was explained in Claimants Narrative. In that Narrative, now 13 months old, Claimant explained his Insurers unfair business practices and breach of the covenant of good faith and fair dealings, which resulted in failing to cover items his policy had coverage for. His compensation was well short of the limits (\$200,000 short). Claimant requested, pursuant to the Trust Agreement, that the Trustee provide assistance to Claimant. To date, none has been forthcoming.

Each Claimant asserting a Personal Property Claim must meet the following requirements.

1. Owner of Damaged Property. The Claimant must have owned the personal property at the time that it was damaged by the Included Fire. (This has been established by the insurance documents as well as documents attached to the initial Proof of Claim)

2. Included Fire Caused the Damage. The Claimant asserting the Personal Property Claim must provide the Trust with evidence proving that an Included Fire was the direct cause of the property damage for which the Claimant is seeking compensation. (This has also been established by the insurance documents)

Proof of Authority.

1. Identity. The Claimant must submit Supporting Documents sufficient to verify their identity. The Trust will confirm the accuracy of this information before beginning review of the Personal Property Claim. (This has also been established by the insurance documents)

2. Ownership of Personal Property. The Claimant also must submit sufficient Supporting Documents reflecting that each Claimant identified in the Claims Questionnaire who is asserting a Personal Property Claim meets the ownership/right. The Claimant may provide one or more of the following documents to prove ownership of the damaged property: (a) List of items destroyed or damaged by the Included Fire; (b) Proofs of Purchase (e.g., receipts, invoices); (c) Appraisals; (d)

Response to 9/10/2021 & 10/8/2021 Deficiency Notices

Pre-Fire photos or videos showing that the Claimant possessed the damaged property; or (e) Other Supporting Documents within the Claimant's possession. (This has also been established by the insurance documents)

Compensation for Damage to Personal Property. Claimants must either submit an inventory of lost or damaged property with suggested values, or the Trust will compute a reasonable value of personal property lost. Once the Trust has established the value, The Trust will deduct any amounts paid by the insurer for a contents loss, excluding debris removal expenses. (This has also been established by the insurance documents)

All eligibility criteria have been met. The Hopper Avenue address is the location where all of Claimants personal property and all of his lifes memories, were housed and where it was destroyed by an "identified fire".

II. The 10/8/2021 Deficiency Notice:

Evaluation of Damages for Emotional Distress arising from being within the Zone of Danger

The Sacramento Street address is where I was living when I was evacuated and prevented from returning for 5 days. I have no claim for the loss of any personal property at this location. This location is where the Zone of Danger claims, which are based on emotional distress and/or mental anguish a Claimant experienced as a result of evacuating or sheltering-in-place during the Fire. The Trust will consider Claimants to be in the Zone of Danger if they were: (a) within the Fire perimeter and (b) feared for their safety or the safety of a family member, (c) while evacuating or sheltering-in-place as a result of the Fire. Claimant satisfies all determination factors and the rest of the record should place in Tier I for compensation. This address is reflected on the bill he received for the health services that were provided to him.

Evaluation of Damagesfor Emotional Distress arising from Nuisance

Damages for annoyance and discomfort related to the loss of use or substantial interference with the use and enjoyment of property that a Claimant had the right to occupy at the time of the Fire, loss of community, or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire.

Response to 9/10/2021 & 10/8/2021 Deficiency Notices

His W2 for 2018 wages, shows the Sacramento Street address as his residence. He also lived there during his lengthy rehabilitation. Claimant strongly satisfies the six Determination Factors and is well supported by the record in this matter thus placing Claimant in Tier I for compensation.

Y

**Claimant Enrique Galvez's Supplemental
Response to Deficiency Notice Dated 9/10/21**

I. The 9/10/2021 Deficiency Notices:

This notice seemed to seek clarity about the loss of Claimants Personal Property at the Hopper Avenue location. There may be confusion because all the Insurance Inventories and the Policy refer to Claimants former residence at 1832 Sansone Drive. That house sold and closed escrow approximately 8 days before the fire. All of Claimants Personal Property was moved to the storage location on Hopper Avenue, at the time of the fire loss, Claimants homeowner's insurance policy was still in effect. This was explained in Claimants Narrative. In that Narrative, now 13 months old, Claimant explained his Insurers unfair business practices and breach of the covenant of good faith and fair dealings, which resulted in failing to cover items his policy had coverage for. His compensation was well short of the limits (\$200,000 short). Claimant requested, pursuant to the Trust Agreement, that the Trustee provide assistance to Claimant. To date, none has been forthcoming.

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1. Owner of Damaged Property. The Claimant must have owned the personal property at the time that it was damaged by the Included Fire. (This has been established by the insurance documents as well as documents attached to the initial Proof of Claim)

2. Included Fire Caused the Damage. The Claimant asserting the Personal Property Claim must provide the Trust with evidence proving that an Included Fire was the direct cause of the property damage for which the Claimant is seeking compensation. (This has also been established by the insurance documents)

II. Proof of Authority.

1. Identity. The Claimant must submit Supporting Documents sufficient to verify their identity. The Trust will confirm the accuracy of this information before beginning review of the Personal Property Claim. (This has also been established by the insurance documents)

2. Ownership of Personal Property. The Claimant also must submit sufficient Supporting Documents reflecting that each Claimant identified in the Claims Questionnaire who is asserting a Personal Property Claim meets the ownership/right. The Claimant may provide one or more of the following documents to prove ownership of the damaged property: (a) List of items destroyed or damaged by the Included

**Claimant Enrique Galvez's Supplemental
Response to Deficiency Notice Dated 9/10/21**

Fire; (b) Proofs of Purchase (e.g., receipts, invoices); (c) Appraisals; (d) Pre-Fire photos or videos showing that the Claimant possessed the damaged property; or (e) Other Supporting Documents within the Claimant's possession. (This has also been established by the insurance documents)

III. Compensation for Damage to Personal Property. Claimants must either submit an inventory of lost or damaged property with suggested values, or the Trust will compute a reasonable value of personal property lost. Once the Trust has established the value, The Trust will deduct any amounts paid by the insurer for a contents loss, excluding debris removal expenses. (This has also been established by the insurance documents)

All eligibility criteria have been met. The Hopper Avenue address is the location where all of Claimants personal property and all of his life's memories, were housed and where it was destroyed by an "identified fire.

Z

**Claimant Enrique Galvez's Supplemental Response
to the 10/8/2021 Deficiency Notice**

I. The 10/8/2021 Deficiency Notice:

**Evaluation of Damages for Emotional Distress arising from being
within the Zone of Danger**

The Sacramento Street address is where Claimant was living when he was evacuated and prevented from returning for 5 days. Claimant has no claim for the loss of any personal property at this location. This location is where the Zone of Danger claims, which are based on emotional distress and/or mental anguish, a Claimant experienced as a result of evacuating or sheltering-in-place during the Fire. The Trust will consider Claimants to be in the Zone of Danger if they were: (a) within the Fire perimeter and (b) feared for their safety or the safety of a family member, (c) while evacuating or sheltering-in-place as a result of the Fire. Claimant satisfies all determination factors and the rest of the record should place in Tier I for compensation. This address is reflected on the bill he received for the health services that were provided to him.

Evaluation of Damages for Emotional Distress arising from Nuisance

Damages for annoyance and discomfort related to the loss of use or substantial interference with the use and enjoyment of property that a Claimant had the right to occupy at the time of the Fire, loss of community, or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire.

His W2 for 2018 wages shows the Sacramento Street address as his residence. He also lived there during his lengthy rehabilitation. Claimant strongly satisfies the six Determination Factors and is well supported by the record in this matter thus placing Claimant in Tier I for compensation.

Further, Claimants Narrative provides a detailed roadmap for claims evaluators. Describes the events related to his severe physical and mental injuries, physician official diagnosis, hospital records, rehab record, psychiatrist diagnosis and treatment plan, chiropractor diagnosis and treatment plan, declarations from family and friends supporting his PTSD diagnosis, multiple detailed inventory loss reports from his Insurer, documents in support of lost wages, etc.

Lastly, here is just one of the many studies currently researching the health impacts of the microbial content in wildfire smoke. Any challenge concerning causation is meritless, rendered moot by Claimants medical related evidence and supported by the aggregated scientific data contained in the numerous studies and reports recently published.

December 17, 2020

Wildfire smoke can carry microbes that cause infectious diseases.

(SACRAMENTO)

Wildfire smoke contains microbes, a fact that's often ignored, but one that may have important health repercussions.



Smoke from wildfires carry microbes that can cause diseases

In **an article to be published** Dec. 18 in *Science*, Leda Kobziar and George Thompson call the attention of the scientific community to the health impacts of wildfire smoke's microbial content.

Smoky skies caused by woodland fires are becoming seasonal norms, especially in some parts of the United States and Australia. In 2020, raging wildfires in the Western U.S. have set new records and led to extremely unhealthy or hazardous air quality levels for many weeks in a row.

It's well-documented that exposure to wildfire smoke can damage the heart and lungs. Respiratory allergic and inflammatory diseases, including asthma and bronchitis, are also worsened by smoke exposure.

"The health impact of inhaling wildfire smoke increases dramatically during high-emissions wildfires and with long exposure," said **Kobziar**, associate professor of Wildland Fire Science at the

Claimant Enrique Galvez's Supplemental Response
to the 10/8/2021 Deficiency Notice

University of Idaho. "Yet, the risk of infection to the respiratory tract after this exposure is frequently overlooked."

What role do microbes in wildfire smoke play in the spread of disease?

Wildland fire is a source for bioaerosol, airborne particles made of fungal and bacterial cells and their metabolic byproducts. Once suspended in the air, particles smaller than 5 µm can travel hundreds or even thousands of miles. Their movement depends on the fire behavior and the atmospheric conditions. Eventually, they are deposited or inhaled.

Bacteria and fungi can be transported in these wildland fire smoke emissions. While microbial concentration in smoke is higher near the fire source, these microbes may be active agents spreading infection. For example, coccidioidomycoses - a fungus that becomes airborne when soils are disturbed- is the cause of Valley fever, a potentially serious infection.

"We don't know how far and which microbes are carried in smoke," said **Thompson**, associate professor of Clinical Medicine at UC Davis. "Some microbes in the soil appear to be tolerant of, and even thrive under, high temperatures following wildfires."

As Kobziar explained, "At the scale of a microbe, fire behavior research has shown that heat flux is highly variable, so it may be that many microbes aren't even subjected to the high temperatures for very long. They may also be protected in small clusters of particulate matter."

Kobziar and Thompson proposed a multidisciplinary approach to understanding the nature of the relationship between microbes, wildfire smoke and health. The complexity of the phenomenon calls for the expertise of scientists from different fields such as fire ecology, environmental microbiology, epidemiology, atmospheric sciences and public health and infectious disease.

"With longer wildfire seasons and higher severity trends, there is an urgency to work together in studying the behavior of the microbes carried by the smoke and their impact on human health," Thompson said.

[Article: Kobziar & Thompson, (2020). Wildfire smoke: A potential infectious agent, Science, DOI: 0.1126/science.abe8116]

AA



AMENDED DEFICIENCY NOTICE

DATE OF NOTICE: 2/21/22

I. FIRE VICTIM INFORMATION

Claimant Name:	Enrique Galvez		
Law Firm:	Pro Se		
Claimant ID:	1021557	Claims Questionnaire ID:	10012510
Damage Category:	Real and Personal Property	Claim ID:	50007

II. EXPLANATION OF MISSING INFORMATION OR DOCUMENTATION

This Notice is an official communication from the Claims Processor for the Fire Victim Trust. We previously sent you a Deficiency Notice because your submitted claim was missing documents or information that prohibited us from concluding our review to make a final determination. You responded to that Notice, but your claim is still missing necessary information.

This Notice explains what is missing and what you may do to address the issue. We can help if you have questions. To cure the issues identified in this Notice, click the Respond to Deficiency Notice button on your secure online Portal and follow the instructions provided to upload the information identified below. If you already have provided us with the missing information, let us know because we may have received it after conducting the review that generated this Notice.

The following requires attention before we can act further:

	What is Missing	How to Address this Item
1.	You did not submit sufficient Supporting Documents to establish the value of your damaged property and the costs of repairs to or replacement.	Please provide one or more of the following documents: List of items destroyed or damaged; Proofs of purchase; Pre-Fire and post-Fire photos or videos; Appraisals; and Other Supporting Documents in the Claimant's possession to show the value of the claimed personal property.
2.	You did not submit sufficient Supporting Documentation to verify the level of damage that you experienced due to an Included Fire.	To be eligible to receive compensation from the Trust for a Real or Personal Property Claim you must submit documentation showing the level of damage that was sustained as the result of an Included Fire (e.g. photos, insurance documents, Post-Fire appraisals, etc.).



www.FireVictimTrust.com

1 of 2

Claim ID: 50007
CQ ID: 10012510



AMENDED DEFICIENCY NOTICE

III. HOW TO RESPOND TO THIS NOTICE

We encourage you to gather the requested information or documents now and respond to this Notice promptly. The sooner you respond, the sooner your submitted claim can move forward in the review process.

Send us the missing information or documents identified in Sections II or III. We will re-review your submitted claim when documents are received. If you do not respond, we will have to assess your submitted claim based on the materials we have, which could lead to a lower determination or denial of your claim in its entirety.

Submit the requested missing or incomplete information by using your secure online portal to upload additional documents.

IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about this Notice or need help, call us at 1-888-664-1152 or email info@firevictimtrust.com.



www.FireVictimTrust.com
2 of 2

Claim ID: 50007
CQ ID: 10012510

Is

BB

February 21, 2022

Response Your "Amended Deficiency Notice" Dated February 21, 2022

Fire Victims Trust:

It goes beyond the pale that you have sent the same exact Deficiency Notice that you previously sent Claimant, except this time you have entitled it an "Amended Notice of Deficiency."

I will say this for the last time. In October of 2020, Claimant wrote a detailed 25 page narrative, which sets forth multiple exhibits that support his claims. Why have you not read it, collected the referenced Exhibits and conducted an analysis based on the evidence.

I. Evaluation of Damages for Emotional Distress arising from being within the Zone of Danger

The Sacramento Street address is where Claimant was living when he was evacuated and prevented from returning for 5 days. Claimant has no claim for the loss of any personal property at this location. This location is where the Zone of Danger claims, which are based on emotional distress and/or mental anguish, a Claimant experienced as a result of evacuating or sheltering-in-place during the Fire. The Trust will consider Claimants to be in the Zone of Danger if they were: (a) within the Fire perimeter and (b) feared for their safety or the safety of a family member, (c) while evacuating or sheltering-in-place as a result of the Fire. Claimant satisfies all determination factors and the rest of the record should place in Tier I for compensation. This address is reflected on the bill he received for the health services that were provided to him.

II. Evaluation of Damages for Emotional Distress arising from Nuisance

Damages for annoyance and discomfort related to the loss of use or substantial interference with the use and enjoyment of property that a Claimant had the right to occupy at the time of the Fire, loss of community, or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire.

His W2 for 2018 wages shows the Sacramento Street address as his residence. He also lived there during his lengthy rehabilitation. Claimant strongly satisfies the six Determination Factors and is well supported by the record in this matter thus placing Claimant in Tier I for compensation.

Further, Claimants Narrative provides a detailed roadmap for claims evaluators. Describes the events related to his severe physical and mental injuries, physician official diagnosis, hospital records, rehab record, psychiatrist diagnosis and treatment plan, chiropractor diagnosis and treatment plan, declarations from family and friends supporting his PTSD diagnosis, multiple detailed inventory loss reports from his Insurer, documents in support of lost wages, etc.

III. Here is the same Deficiency Notice, only "Amended."

What is Missing:

1. You did not submit sufficient Supporting Documents to establish the value of your damaged property and the costs of repairs to or replacement. Please provide one or more of the following documents: *List of items destroyed or damaged; Proofs of purchase; Pre-Fire and post-Fire photos or videos; Appraisals; and Other Supporting Documents* in the Claimant's possession to show the value of the claimed personal property.

Response:

A. Exhibit B is a 61 page Inventory, from Claimants Insurer, AAA Insurance Exchange, of all of his personal property that was lost in the fire. It contains detailed descriptions and provides, for each item, the Quantity, the Unit Price, the Tax, Replacement Cost Value, the Age and Life of the Item, the Condition, the Depreciation %, the Depreciation Cost, and the Actual Cash Value, as well as the amount of Depreciation that can be recovered.

The Net Claim if Depreciation is recovered is \$179, 404.00.

B. Exhibit B1 is a 63 page Inventory of all of his personal property that was lost in the fire. It contains detailed descriptions and provides, for each item, the Quantity, the Unit Price, the Tax, Replacement Cost Value, the Age and Life of the Item, the Condition, the

Depreciation %, the Depreciation Cost, the Actual Cash Value, and the amount of Depreciation that can be recovered.

The Net Claim if Depreciation is recovered is \$200.306.00.

C. Exhibit B 2 is a 23 Loss Inventory, again from AAA, which sets forth in detail, Item Description, Brand, Model Number, Quantity Lost, Age of Item, Original Cost Pre-Tax, Where it was Purchased From, Method of Payment, and the Condition of the Item. Could this be more detailed? These three documents provide everything stated as to what needs to be provided. Is it incompetence on your part? Or is this some kind of pre-meditated scheme to under pay on claims where the Claimant is not represented.

D. Exhibit B3 is a 61 page document that was Claimants operative policy at the time of the "Included Fire"

E. There are photos in Claimants Narrative that depicts the ash that was once his life.

2. You did not submit sufficient Supporting Documentation to verify the level of damage that you experienced due to an Included Fire. To be eligible to receive compensation from the Trust for a Real or Personal Property Claim you must submit documentation showing the level of damage that was sustained as the result of an Included Fire.

***See the responses above to reiterate the Insurance Inventories and Appraisals, Detailed descriptions of the lost items, the Quantity, the Unit Price, the Tax, Replacement Cost Value, the Age and Life of the Item, the Condition, the Depreciation %, the Depreciation Cost, the Actual Cash Value, and the amount of Depreciation that can be recovered.**

What is the problem? Be advised that this unwarranted, unprofessional and continued confusion, on your part, is creating delay damages and is severely exasperating his PTSD and level of anxiety.

As is stated in the Trust Agreement, the administration or mishandling of the trust or related matters, is to be enforced under the laws of the State of California.

IV. There is an Existing Fiduciary Relationship Between the Parties which the Trustee has Breached

In California, a fiduciary relationship begins once the fiduciary

commences to knowingly act upon behalf of the beneficiary, for their benefit. With the fiduciary relationship established, the fiduciary in a relationship is required to: Treat beneficiary with care and reasonable conduct; Remain open and honest with beneficiary when it comes to relevant information; Act in good faith, by putting the interests of the beneficiary above all personal interests.

Further, in every contract or agreement there is an implied promise of good faith and fair dealing (*Covenant of Good Faith & Fair Dealing*). This implied promise means that each party will not do anything to unfairly interfere with the right of any other party to receive the benefits of the contract. Good faith means honesty of purpose without any intention to mislead or to take unfair advantage of another. Generally speaking, it means being faithful to one's duty or obligation. "In essence, the covenant is implied as a supplement to the express contractual covenants, to prevent a contracting party from engaging in conduct which (while not technically transgressing the express covenants) frustrates the other party's rights to the benefits of the contract." (*Racine & Laramie, Ltd. v. Department of Parks & Recreation* (1992) 11 Cal.App.4th 1026, 1031-1032)

V. The Trustee is Negligent in his Duty to Claimant

Negligence is the failure to use reasonable care to prevent harm to others. A person can be negligent by acting or *by failing to act*. A person is negligent if that person does something that a reasonably careful person would not do in the same situation or fails to do something that a reasonably careful person would do in the same situation.

VI. In California, the Parties to a Personal Injury Claim have Mutual Obligations to Mitigate Damages

Claimant is living in poverty as a result of the fires, can't get work in his old career due to the physical and mental injuries he sustained as a direct result of PG&Es grossly negligent and reckless behavior, he is homeless forced to sleep on his sister's couch, and has no resources to get the additional medical and mental services he so desperately needs. If not for help from his family, charity, professional courtesies and his extreme need for these services, he would be undone.

Yet, despite his complete lack of resources and having no funds needed to obtain the much required physical and mental health assistance he needs, he has found a way to discharge his obligation to mitigate any damages.

PG&E, the tortfeasor, is the party with superior resources and has already been found to be responsible for the fires and all the damages it has caused. "The duty to minimize damages does not require an injured person to do what is unreasonable or impracticable, and, consequently, when expenditures are necessary for minimization of damages, the duty does not run to a person who is financially unable to make such expenditures." (*Valencia v. Shell Oil Co. (1944) 23 Cal.2d 840, 846*)

"The burden is on defendant to establish matters asserted by him in mitigation or reduction of the amount of plaintiff's damage, and defendant here has not met that burden." (*McNary v. Hanley (1933) 131 Cal. App. 188, 190*)

It is without a doubt that PG&E has failed, nay, not even attempted to mitigate its damages. Not to mention its complete inability to conduct a proper analysis by using Claimants Narrative and associated evidentiary exhibits. This behavior has created a crippling delay in adjudicating Claimants assertions. This has resulted in delay damages. This is supported by the medical evidence that has been created since October of 2020.

The Trustee and Claims Administrator (earning a combined \$2,700.00 per hour) have failed in their duty to Claimant(s), and since their actions concerning their handling (or mishandling) of the Trust are not insulated from liability in the Bankruptcy matter, Claimant is considering a lawsuit against the Trustee for:

Breach of Fiduciary Duty, Negligence, Failure to Mitigate Damages, and whatever other causes of action are found during research on these matters.

Claimants' physical and mental conditions are rapidly deteriorating as the delay continues. These Deficiency Notices are without merit as the evidence you state is missing has been in the Portal since October of 2020. Claimant demands that whoever is handling his claim call him and explain what the confusion is. Three (3) times he has called and asked to talk to whoever was handling his claim, only to be told that, since he didn't have a LAWYER, they did not know who to call on his behalf. Really? The Trustee is on a dangerous path where violations of the Constitution are now potential causes of action. Continued delay, without good cause, must be addressed in any Offer of Settlement. This matter must be resolved post hast in order to stop Claimants worsening condition.

Lastly, here is just one of the many studies currently researching the health impacts of the microbial content in wildfire smoke. Any challenge concerning causation is merit less, rendered moot by Claimants medical related evidence and supported by the aggregated scientific data contained in the numerous studies and reports recently published.

December 17, 2020

Wildfire smoke can carry microbes that cause infectious diseases.

(SACRAMENTO)

Wildfire smoke contains microbes, a fact that's often ignored, but one that may have important health repercussions.



Smoke from wildfires carry microbes that can cause diseases

In **an article published** on Dec. 18, 2021, in *Science*, Leda Kobziar and George Thompson call the attention of the scientific community to the health impacts of wildfire smoke's microbial content.

Smoky skies caused by woodland fires are becoming seasonal norms, especially in some parts of the United States and Australia. In 2020, raging wildfires in the Western U.S. have set new records and led to extremely unhealthy or hazardous air quality levels for many weeks in a row.

It's well-documented that exposure to wildfire smoke can damage the heart and lungs. Respiratory allergic and inflammatory diseases, including asthma and bronchitis, are also worsened by smoke exposure.

"The health impact of inhaling wildfire smoke increases dramatically during high-emissions wildfires and with long exposure," said **Kobziar**, associate professor of Wildland Fire Science at the University of Idaho. "Yet, the risk of infection to the respiratory tract after this exposure is frequently overlooked."

What role do microbes in wildfire smoke play in the spread of disease?

Wildland fire is a source for bioaerosol, airborne particles made of fungal and bacterial cells and their metabolic byproducts. Once suspended in the air, particles smaller than 5 µm can travel hundreds or even thousands of miles. Their movement depends on the fire behavior and the atmospheric conditions. Eventually, they are deposited or inhaled.

Bacteria and fungi can be transported in these wildland fire smoke emissions. While microbial concentration in smoke is higher near the fire source, these microbes may be active agents spreading infection. For example, coccidioidomycoses - a fungus that becomes airborne when soils are disturbed- is the cause of Valley fever, a potentially serious infection.

"We don't know how far and which microbes are carried in smoke," said Thompson, associate professor of Clinical Medicine at UC Davis. "Some microbes in the soil appear to be tolerant of, and even thrive under, high temperatures following wildfires."

As Kobziar explained, "At the scale of a microbe, fire behavior research has shown that heat flux is highly variable, so it may be that many microbes aren't even subjected to the high temperatures for very long. They may also be protected in small clusters of particulate matter."

Kobziar and Thompson proposed a multidisciplinary approach to understanding the nature of the relationship between microbes, wildfire smoke and health. The complexity of the phenomenon calls for the expertise of scientists from different fields such as fire ecology, environmental microbiology, epidemiology, atmospheric sciences and public health and infectious disease.

Claimant Enrique Galvez
Claimant ID #1021557; Claim I.D. 50007
CQ ID: 10012510

“With longer wildfire seasons and higher severity trends, there is an urgency to work together in studying the behavior of the microbes carried by the smoke and their impact on human health,” Thompson said.

[Article: Kobziar & Thompson, (2020). Wildfire smoke: A potential infectious agent, Science, DOI: 0.1126/science.abe8116]

CC



Real Property and Personal Property Eligibility Criteria

Real Property Claims are Claims for damage to structures on residential or commercial real property, landscaping, forestry, and other real property improvements (*e.g.*, hardscape, fencing, retaining walls, pools, and solar panels) that was caused by or arising from an Included Fire.

Personal Property claims are for damages to personal property as a result of the Fire. Personal Property is movable property; belongings exclusive of land and buildings, such as household items (for example: clothes, furniture or tools) and mobiles. Business personal property such as business inventory and equipment, livestock, and animals used for agricultural and farming purposes should be included in a Business Income Loss Claim.

Real and Personal Property Claims also include damages for Additional Living Expenses or Loss of Use. Additional Living Expenses (ALE) include, but are not limited to, the following: (1) housing (hotels, apartments, homes, travel trailers, mobile homes, or other temporary housing, moving fees, security deposits); (2) utilities (increased utility costs for electricity, gas, water, sewage, and mobile phones); (3) household costs (laundry, dry cleaning, and housekeeping); (4) furniture rental; (5) food (restaurant meals and groceries); (6) emergency clothing and toiletries; (7) storage for personal property being transferred to another location; (8) boarding of pets and non-commercial livestock; and (9) use of alternative transportation, such as public transportation and ride-share services; and (10) additional mileage to and from work or school. Loss of Use (LOU) is the actual loss of use of the property that was damaged by the fire and is calculated by determining the fair market rental value of the property immediately before the fire and multiplying that amount by the number of months the Claimant was dislocated.

I. Real Property.

A. Overview.

The Trust will evaluate Real Property claims for damages to Structures on Residential or Commercial Real Property, damages to Forestry and Landscaping, and damage to other Real Property improvements (for example: fencing, retaining walls, pools, solar panels, hot tubs, and decks). Residential Property is defined as Real Property consisting of a dwelling that contains no more than four residential units, as well as individually owned units in a residential stock cooperative, condominium, or planned unit development and the Claimant occupies the dwelling or one of its units as their residence. This includes single family homes, multi-family homes, manufactured homes, mobile homes, apartments and condominiums. Commercial Property is all Real Property, except for residential property or vacant land. This includes agricultural property, apartment or condo buildings, commercial office buildings, education and school facilities, healthcare and medical facilities, hospitality and lodging, industrial property, mobile home parks, parking structures and facilities, public and community facilities, retail property, and transportation and airplane related properties.

A Real Property Claim can be for either Diminution in Value (DIV) or Cost of Rebuild/Repair (CoR).



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

1. **Diminution in Value (DIV).** Diminution in Value is the difference between the Fair Market Value of the Real Property immediately before the Fire and the Fair Market Value of the Real Property immediately after the fire.
2. **Cost of Rebuild or Repair (CoR).** Cost of Rebuild or Repair is the actual cost to rebuild or repair the property that was damaged by the Fire. The Cost of Rebuild or Repair can be based on an estimate that is received from Insurance or StoneTurn if the Claimant does not provide adequate documentation to show the actual Cost of Rebuild or Repair. Any payment for CoR will be offset by insurance payments the Claimant has previously received.

B. Eligibility to Submit Claim.

Each Claimant asserting a Real Property Claim must meet the following requirements. Claimants who do not meet these requirements are not eligible for compensation for a Real Property Claim.

1. **Owner or Lessee of Damaged Property.** To be eligible to receive compensation from the Trust for a Real Property Claim, a Claimant must have:
 - (a) Owned the property when it was damaged by the Included Fire; or
 - (b) Leased the property, in which case the lease—
 - (1) Gave the Claimant the right to possess the property at the time it was damaged by the Included Fire; and
 - (2) Was executed before the Included Fire occurred; or
 - (c) Received an Assignment of Rights from the Owner or Lessee at the time of the Included Fire.
2. **Proof of Authority.**
 - (a) **Identity.** The Claimant must submit Supporting Documents sufficient to verify their identity. The Trust will verify the accuracy of this information before beginning review of the Real Property Claim.
 - (b) **Ownership/Right to Possess.** The Claimant also must submit sufficient Supporting Documents reflecting that each Claimant identified in the Claims Questionnaire who is asserting a Real Property Claim owned or leased the property.
 - (1) **Owner.** If the Claimant is the owner of the damaged property, they must submit one or more of the following to prove their ownership:



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

- a. Deed;
- b. Land grant;
- c. Mortgage Documentation;
- d. Loan Documentation;
- e. Title Search showing ownership; or
- f. Other Documentation showing ownership at the time of the Fire.

If more than one Real Property claim has been made for a single location, the Claimant may be required to submit additional ownership documentation to ensure that the Trust does not overpay for the loss location.

(2) Right to Possess. If the Claimant has or had a lease, executed before the Fire occurred, granting them possession of the property, and the Fire damaged the property during the Claimant's period of possession, the Claimant must submit one or more of the following:

- a. Lease or Rental Agreement showing date of occupancy;
- b. Cancelled checks for rent;
- c. Utility Bill for the Property dated contemporaneously with the Fire; or
- d. Other documentation showing occupancy contemporaneously with the Fire.

(c) Causation. The Claimant asserting the Real Property Claim must provide the Trust with evidence proving that an Included Fire was the direct cause of the property damage for which the Claimant is seeking compensation.

C. Compensation for Damage to Real Property.

Real Property Claims that satisfy the eligibility criteria listed above will receive the lesser of DIV of the property lost to the Fire; or if the homeowner elects to repair or rebuild, the reasonable cost of rebuilding the home at its original location with materials of like kind and quality.

If a home is only partially damaged or suffers smoke damage, the measure of the loss is the reasonable cost of repairs and/or cleaning and elimination of smoke damage.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

1. **Diminution in Value (DIV).** If the Claimant does not desire to repair or rebuild their property, DIV will be used to calculate compensation. To calculate DIV, the Trust will determine the fair market value of the property immediately before the Fire by analyzing sales of comparable homes before the Fire. Alternatively, if the Claimant submits an appraisal of the home by a certified real estate appraiser at the time of the Fire, the Trust will consider accepting it as long as it is reasonable.

Once the Trust determines the fair market value of the home before the Fire, the Trust will subtract from it the value of the lot the house was located on after the Fire. The value of the lot is to be determined by either its:

- (a) Sales price, less costs of sale, if the lot was sold; or
- (b) Assessed value as determined after the Fire.

Most persons who lose their homes in fires ask the county to reassess their property to reflect the value of the lot only after a fire to lower their property taxes. Sometimes assessors will make the reduction/reassessment without request.

Once the Trust determines the DIV of the Claimant's residence, the Trust will subtract from it any amounts paid to the Claimant for the residence/dwelling/house, other/appurtenant structures, code upgrades, extended replacement costs, and landscaping. However, any amounts paid for debris removal will not be deducted, as these amounts are being paid to clear the property and not as payment for the damage or destruction of the property.

2. **Cost of Repair or Rebuild (CoR).** A Claimant is entitled to the reasonable cost of rebuilding their home using materials of like kind and quality on the Claimant's lot at the time of the Included Fire. Many Claimants engaged in rebuilding their homes will have plans and construction contracts which will be used to determine the cost of rebuilding.

Reconstruction costs include the cost of reconstruction, architects' fees, permit fees, and all necessary components of reconstruction.

If the Claimant does not have an estimate of the cost to rebuild their prior home or is not in contract to rebuild their prior home, then a reasonable cost to rebuild will be computed for the Claimant.

Once the cost to rebuild has been established, monies paid or to be paid by the insurer for rebuilding the home, other structures, code upgrades, extended replacement cost, and landscaping will be deducted to determine the value of the Claim. However, any sums paid for debris removal will not be deducted.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

The Trust will determine the reasonable and necessary costs to rebuild or repair the damaged property based on the following factors:

- (a) Claimant's use of the structure(s) and other improvement(s) on the property;
- (b) Severity of damage to the structure(s) (e.g., burn damage vs. smoke and soot damage);
- (c) Extent of damage to the structure(s) and other improvement(s) (e.g., damage to the entire structure vs. damage to part of the structure);
- (d) Square footage of structure(s);
- (e) Geographic location of the property;
- (f) Size of the vegetation on the property immediately before the Included Fire;
- (g) Severity and extent of damage to vegetation;
- (h) Type(s) of vegetation damaged; and
- (i) Fair market value of the property immediately before the Included Fire.

D. Compensation for Additional Living Expenses and Loss of Use

Additional Living Expenses ("ALE"), sometimes referred to as loss of use, are funds owed and paid by the insurer over time to compensate the insured while living in temporary quarters while rebuilding or replacing their home. These payments are usually computed by determining the cost of residing in temporary quarters and other attendant costs such as additional commute costs, the cost of eating out more often, etc. Some policies offer the insured the option of receiving the reasonable rental cost of their former home as their additional living expense payments.

Many Claimants will make both a Claim for ALE and a Claim for Loss of Use ("LOU"), which is computed differently than Claims for additional living expenses/loss of use in an insurance policy. LOU is the reasonable cost of loss of use of the former home and is usually computed as the reasonable rental value of the former home in its furnished condition. A Claimant is not entitled to receive payment for both ALE and LOU for the same loss. The Claims Administrator will determine the value of either ALE or LOU depending on the documentation provided and will deduct any amounts paid by the insurer or which will be paid by the insurer in the future for additional living expenses/loss of use from the Claimant's Claim.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

ALE and LOU Claims end when a Claimant moves into their rebuilt or replacement home. Otherwise, ALE can be awarded for up to 4 years (48 months) from the date of the Included Fire.

E. Compensation for Landscaping & Forestry.

Landscaping improvements made to real property before the Fire and that are damaged or destroyed can be claimed by providing a description of the type and quantity of landscaping improvements that were damaged. "Landscaping" means any changes made to the property with the intent to improve its visual appearance (*e.g.*, shrubs, flower beds, mulched areas, artificial ponds, etc.).

A Claimant may also seek damages for forestry that is not actively landscaped, such as trees, bushes and other naturally growing vegetation, if it is located on the real property. Landscaping and forestry damages will be calculated in the same manner as traditional Real Property and will be measured either by Diminution in Value or Cost of Repair.

The Trust may compensate claimants for the cost of cleanup of damaged forestry, but only for the cost of the first initial cleanup visit. The Trust will not compensate any additional cleanup visits.

A Claimant may submit the following documents to establish the value of the damaged property and the costs (actually incurred or yet to incur) of repairs to or replacement of the damaged property:

1. Appraisals;
2. Tax records;
3. Purchase records;
4. Mortgage or loan documentation showing the pre-Fire condition or value of the property;
5. Permits;
6. Contractor estimates or invoices;
7. Arborist reports, timber surveys, or documents relating to landscaping; or
8. Other Supporting Documents in the Claimant's possession.



II. Personal Property.

A. Overview.

Personal Property Claims are Claims for loss of or damages to property that is movable, such as household items (*e.g.*, clothes, furniture, or tools) and automobiles, as a result of the Included Fires. Personal Property Claims also encompass harm to or loss of pets and animals owned for personal use. A Claimant may submit Claims for business inventory, equipment, livestock, and animals used for agricultural and farming purposes as part of their Business Income Loss Claim. Claimants can make a claim for Personal Property without making a claim for Real Property.

B. Eligibility to Submit Claim.

Each Claimant asserting a Personal Property Claim must meet the following requirements. Claimants who do not meet these requirements are not eligible for compensation of a Personal Property Claim.

1. **Owner of Damaged Property.** The Claimant must have owned the personal property at the time that it was damaged by the Included Fire.
2. **Included Fire Caused the Damage.** The Claimant asserting the Personal Property Claim must provide the Trust with evidence proving that an Included Fire was the direct cause of the property damage for which the Claimant is seeking compensation.

C. Proof of Authority.

1. **Identity.** The Claimant must submit Supporting Documents sufficient to verify their identity. The Trust will confirm the accuracy of this information before beginning review of the Personal Property Claim.
2. **Ownership of Personal Property.** The Claimant also must submit sufficient Supporting Documents reflecting that each Claimant identified in the Claims Questionnaire who is asserting a Personal Property Claim meets the ownership/right to possess Real Property criteria outlined in Section I.B.2(b) above. The Claimant may provide one or more of the following documents to prove ownership of the damaged property:
 - (a) List of items destroyed or damaged by the Included Fire;
 - (b) Proofs of Purchase (*e.g.*, receipts, invoices);
 - (c) Appraisals;



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

- (d) Pre-Fire photos or videos showing that the Claimant possessed the damaged property; or
- (e) Other Supporting Documents within the Claimant's possession.

D. Compensation for Damage to Personal Property.

Claimants must either submit an inventory of lost or damaged property with suggested values, or the Trust will compute a reasonable value of personal property lost. Once the Trust has established the value, The Trust will deduct any amounts paid by the insurer for a contents loss, excluding debris removal expenses.

Renters and visitors are classified accordingly:

1. Visitors.

- (a) Claimant was visiting temporarily at the time of the Fire. All personal property are items they had with them as they travelled.
- (b) Claimant must provide an inventory.
- (c) Awards are capped at \$2,000.

2. Storage Unit.

- (a) Claimant did not live at the location but stores property in a room, garage, or storage unit.
- (b) This is often children or individuals who pay for storage units.
- (c) Claimant must provide an inventory.
- (d) Awards are capped at \$5,000.

3. Occupant.

- (a) Claimant did not typically pay rent.
- (b) Examples include a child staying with parents briefly, a Claimant who has a primary residence somewhere else, a Claimant whose personal property is limited to items in their room.
- (c) A renter with a sublease for part of the house including their room and access to common areas is considered an occupant.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

- (d) The Claimant files a separate Claims Questionnaire and they are one of several individuals (four or more) who rent the property (regardless if it is a single-family home or apartment).
- (e) Claimant must provide an inventory.
- (f) Awards are capped at \$20,000 per Claimant.

4. **Multi-Unit.**

- (a) Claimant lives in dwelling with multiple units (e.g. apartment complex) and asserts a claim on the same Claims Questionnaire with all the other residents from the multi-unit dwelling. This includes duplexes where there are four or fewer separate units.
- (b) No inventory required.
- (c) Awards are capped at \$20,000 per resident plus \$5,000 per minor resident.
- (d) If there is a Cost of Repair/Rebuild (CoR) for the individual unit, awards are capped at 40% of CoR for the individual unit.

5. **Single Family Home.**

- (a) Claimant rents an entire home alone or with family, or all Claimants on the Claims Questionnaire rent the entire home.
- (b) No more than three Claimants file separate Claims Questionnaires.
- (c) No inventory is required.
- (d) If no inventory is provided, Claimants receive 25% of the structure's CoR.
- (e) If inventory is provided, Claimants receive up to 40% of the structure's CoR.

6. **Mobile Home.**

- (a) Claimant rents a mobile home that has been confirmed to be damaged by the Included Fire.
- (b) No inventory required.
- (c) If no inventory is provided, the Claimant receives \$27,500.
- (d) If an inventory is provided, the Claimant receives up to \$44,000.



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

E. Establishing Value of Specific Personal Property.

A Claimant may submit one or more of the following Supporting Documents to establish the value of the damaged property and the costs (actually incurred or yet to incur) of repairs to or replacement of the damaged property:

1. List of items destroyed or damaged;
2. Proofs of purchase;
3. Pre-Fire and post-Fire photos or videos;
4. Appraisals; or
5. Other Supporting Documents in the Claimant's possession.

III. Smoke and Ash Damage Claim Eligibility

- A. **Eligible Claims:** Loss locations *within five miles* of the established qualifying CalFire fire perimeters.
- B. **Ineligible Claims:** Loss locations *outside five miles* of the established qualifying CalFire fire perimeters, subject to the discretion of the Claims Administrator.
- C. **Smoke and Ash Damages Within Five Miles of Established CalFire Fire Perimeters**

1. Real Property.

- (a) Statement under the penalty of perjury *only* with no supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive \$250 per adult Claimant.
- (b) Claims with supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive up to \$20,000 per loss location prior to offsets for insurance or FEMA payments.

2. Personal Property.

- (a) Owners, Renters and Occupants of Single-Family Homes, Multi Unit Structures Mobile Homes and Manufactured homes:
 1. Statement under the penalty of perjury *only* with no supporting documentation for damages and out of pocket expenses in association with smoke and ash



REAL AND PERSONAL PROPERTY ELIGIBILITY CRITERIA

remediation for loss locations within five miles of the established CalFire fire perimeters will receive \$250 per adult Claimant.

2. Claims with supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive up to \$10,000 per loss location prior to offsets for insurance or FEMA payments.

(b) Storage:

1. Statement under the penalty of perjury *only* without any supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive \$250 per adult Claimant.
2. Claims with supporting documentation for damages and out of pocket expenses in association with smoke and ash remediation for loss locations within five miles of the established CalFire fire perimeters will receive up to \$10,000 per loss location prior to offsets for insurance or FEMA payments
3. **Additional Living Expenses.** The Trust will award additional living expenses for properties that were not destroyed based on actual documented costs.
4. **Trees.** The Trust will compensate losses for trees and vegetation for properties located within the Cal Fire perimeter to be valued consistent with model. Claims for tree damage outside the perimeter are ineligible, subject to supporting documentation and discretion of Claims Administrator.

IV. **Prejudgment Interest.**

The Trust will add prejudgment interest, applied to the net award, accrued from the date of the Included Fire to January 29, 2019. The Trustee has set the applicable rate for payment of prejudgment interest for the Inverse Awards in accordance with California statutory law at California Code of Civil Procedure (CCP) Sections 1268.311 and 1268.350.

V. **Attorneys' Fees for Inverse Condemnation.**

If the Claimant is represented by attorney, the Trust will add reasonable attorneys' fees to the net award, following CCP § 1021.9. Attorneys' fees apply at the percentage to which the law firm and the Trust have agreed.

DD



AMENDED DEFICIENCY NOTICE

DATE OF NOTICE: 5/27/22
DEADLINE TO RESPOND: 6/27/22

I. FIRE VICTIM INFORMATION

Claimant Name:	Enrique Galvez		
Law Firm:	Pro Se		
Claimant ID:	1021557	Claims Questionnaire ID:	10012510
Damage Category:	Real and Personal Property	Claim ID:	50006

II. EXPLANATION OF MISSING INFORMATION OR DOCUMENTATION

This Notice is an official communication from the Claims Processor for the Fire Victim Trust. We previously sent you a Deficiency Notice because your submitted claim was missing documents or information that prohibited us from concluding our review to make a final determination. You responded to that Notice, but your claim is still missing necessary information.

This Notice explains what is missing and what you may do to address the issue. We can help if you have questions. To cure the issues identified in this Notice, click the Respond to Deficiency Notice button on your secure online Portal and follow the instructions provided to upload the information identified below. If you already have provided us with the missing information, let us know because we may have received it after conducting the review that generated this Notice.

The following requires attention before we can act further:

	What is Missing	How to Address this Item
1.	You did not submit sufficient Supporting Documents to establish the value of your damaged property and the costs of repairs to or replacement.	Please provide one or more of the following documents: List of items destroyed or damaged; Proofs of purchase; Pre-Fire and post-Fire photos or videos; Appraisals; and Other Supporting Documents in the Claimant's possession to show the value of the claimed personal property.
2.	You did not submit sufficient Supporting Documentation to verify that you are the owner of the damaged personal property.	To be eligible to receive compensation from the Trust for a Personal Property Claim on a property where you did not reside, you must submit a documentation showing proof of the relationship that gave you the right to possess the property at the time it was damaged by the Included Fire; and the document must have been executed before the Included Fire occurred.
3.	You did not submit sufficient Supporting Documentation to verify the level of damage that you experienced due to an Included Fire.	To be eligible to receive compensation from the Trust for a Real or Personal Property Claim you must submit documentation showing the level of damage that was sustained as the result of an Included Fire (e.g. photos, insurance documents, Post-Fire appraisals, etc.).



www.firevictimtrust.com

1 of 2

Claim ID: 50006
CQ ID: 10012510



AMENDED DEFICIENCY NOTICE

III. HOW TO RESPOND TO THIS NOTICE

We encourage you to gather the requested information or documents now and respond to this Notice promptly. The sooner you respond, the sooner your submitted claim can move forward in the review process.

Send us the missing information or documents identified in Sections II or III. We will re-review your submitted claim when documents are received. If you do not respond, we will have to assess your submitted claim based on the materials we have, which could lead to a lower determination or denial of your claim in its entirety.

Submit the requested missing or incomplete information by using your secure online portal to upload additional documents.

IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you have any questions about this Notice or need help, call us at 1-888-664-1152 or email info@firevictimtrust.com.



www.firevictimtrust.com

2 of 2

Claim ID: 50006
CQ ID: 10012510

EE

June 15, 2022

Response to Amended Deficiency Notice Dated May 27, 2022

It must be stated, yet again, that the information/documents you seek have been in the portal for well over a year. Claimant is flummoxed by the evaluator's inability to even understand the fundamentals of his claim, some 19 months since the claim was filed. It has served to exasperate his mental condition. This delay, as a result of this sub-standard work, continues to harm Claimant in numerous ways.

Let's try this one more time.

Claimant's Addresses

Claimant was the owner of the property located at 1832 Sansone Drive, Santa Rosa, CA 95403. This address is listed on all of the insurance documents. As required by all mortgage lenders, Claimant had a Homeowners Insurance Policy [See Document #163459, Exhibit B3] which included an umbrella of coverage, including coverage for personal property kept in a public storage unit.

Claimant sold the home in September of 2017, and moved to reside at the Sacramento Street address. He also moved everything he ever owned into the storage unit on Hopper Avenue. [See Document #1280458, pg. 9 from Claimants Insurance file (obtained by you), "Wild fire caused fire at STORAGE UNIT, ALL INSURED PROPERTY DESTROYED"; Pg. 10 – Post Fire picture of burned out storage unit; pg. 11 – Ledger Evidencing Claimants Storage Unit]

Please read document #1280458 and Claimants Initial Narrative, which hasn't happened or this wouldn't be so confusing to you.

He lost all his belongings in the storage unit but was still covered under his Homeowners Policy. The Hopper Avenue address is where the storage unit was located as evidenced by the afore-mentioned documents.

He was living at the Sacramento Street address at the time of the fire and was the address he was evacuated from. Please read document #1280458.

	What's Missing:	How to Address This Problem:
1.	You did not submit sufficient Supporting Documents to establish the value of your damaged property and the costs of repairs to or replacement.	Please provide one or more of the following documents: List of items destroyed or damaged; Proofs of purchase; Pre-Fire and post-Fire photos or videos; Appraisals; and Other Supporting Documents in the Claimant's possession to show the value of the claimed personal property.

See the Following in Response:

1. Document #161003; Claimants Exhibit B – Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;
2. Document #161004; Claimants Exhibit B1 - Revised, Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;
3. Document #161005; Claimants Exhibit B2 – Initial Loss Inventory Submitted by Claimant to Insurer, CSAA. Contains detailed descriptions.
4. Document #163459; Claimants Exhibit B3 – Copy of Claimants Homeowners Insurance Policy

	What's Missing:	How to Address This Problem:
2.	You did not submit sufficient Supporting Documentation to verify that you are the owner of the damaged personal property.	To be eligible to receive compensation from the Trust for a Personal Property Claim on a property where you did not reside, you must submit a documentation showing proof of the relationship that gave you the right to possess the property at the time it was damaged by the Included Fire; and the document must have been executed before the Included Fire occurred.

See the Following in Response:

1. Document #161003; Claimants Exhibit B – Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;
2. Document #161004; Claimants Exhibit B1 - Revised, Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;

3. Document #161005; Claimants Exhibit B2 – Initial Loss Inventory Submitted by Claimant to Insurer, CSAA. Contains detailed descriptions;
4. Document #163459; Claimants Exhibit B3 – Copy of Claimants Homeowners Insurance Policy;
5. Document #1280458 – Specifically, pgs. 9, 10 and 11 of the afore-mentioned document

	What's Missing:	How to Address This Problem:
3.	You did not submit sufficient Supporting Documentation to verify the level of damage that you experienced due to an Included Fire.	To be eligible to receive compensation from the Trust for a Real or Personal Property Claim you must submit documentation showing the level of damage that was sustained as the result of an Included Fire (e.g. photos, insurance documents, Post-Fire appraisals, etc.).

See the Following in Response:

1. Document #161003; Claimants Exhibit B – Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;
2. Document #161004; Claimants Exhibit B1 - Revised, Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;
3. Document #161005; Claimants Exhibit B2 – Initial Loss Inventory Submitted by Claimant to Insurer, CSAA. Contains detailed descriptions.
4. Document #163459; Claimants Exhibit B3 – Copy of Claimants Homeowners Insurance Policy;
5. Document #1280458 – Specifically, pg. 10, Post-Fire Photo of Storage Unit.

Claimant suggests that you read Document # 1280458, in its entirety. I mean the Trustee is a party to a personal injury case and has made no effort to mitigate damages. Pursuant to the Trust Agreement, Claimant has requested some assistance with his Insurance Carrier, 4 times now.

Claimant believes that the Trustee and Claims Administrator are in breach of their fiduciary duty to Claimant.

FF



DETERMINATION NOTICE

DATE OF NOTICE: 7/8/22
RESPONSE DEADLINE: 8/8/22

I. DETERMINATION NOTICE

This Notice is an official communication from the Claims Processor for the Fire Victim Trust (the "Trust") and relates to the Fire Victim(s) identified in Section II below. This Determination Notice summarizes the aggregate settlement offer for your submitted claims from the Claims Questionnaire ("CQ").

II. FIRE VICTIM INFORMATION

Claimant(s):	Enrique Galvez
CQ ID:	10012510
Law Firm:	Pro Se
Aggregate Claim Amount: (subject to pro rata distribution)	\$8,121.06

III. IMPORTANT INFORMATION ABOUT RECONSIDERATION, APPEALS, PAYMENTS AND LIENS

Reconsideration and Appeal: Click [here](#) to read about how you can request Reconsideration or appeal the determination to a Neutral if you are dissatisfied with the award or calculation methodology.

Pro Rata Payments: Click [here](#) to read about the payment information required from each Fire Victim before the Trust can pay any pro rata amounts allowed under this Determination Notice, and the methodology for issuing pro rata payments on Approved Claims

Credits, Liens, and Taxes: Click [here](#) to read about any amounts the Trustee had to deduct from this determination as required under Article XII of the Claims Resolution Procedures. Go to your Portal to see live information about any medical reimbursement obligations and to determine your potential holdbacks or final repayment amounts for any Medicare, Medi-Cal, or private health insurance reimbursement obligations.

Minors or Incapacitated Adults: Click [here](#) to read about the Special Master review process required before the Trust can pay any amounts allowed under this Determination Notice to a Minor or Incapacitated Adult Fire Victim.



www.FireVictimTrust.com
1 of 1

CQ ID: 10012510



REAL AND PERSONAL PROPERTY DETERMINATION REPORT

REAL AND PERSONAL PROPERTY
DATE OF REPORT: 7/8/22

I. LOSS LOCATION AND CLAIM INFORMATION

Loss Location Address:	Street	Apt/Suite/Lot/Number	
	1021 Hopper Ave		
	City	State	Zip Code
	Santa Rosa	California	95403-1612
	County	APN	Fire
	Sonoma	015-360-049-000	North Bay
Claim ID:	50006		
Law Firm:	Pro Se		

II. REAL PROPERTY

A. LOSS OF USE/ADDITIONAL LIVING EXPENSE

1.	Total	\$0.00
2.	ALE/LOU Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for ALE/LOU	\$0.00
4.	ALE/LOU Compensation Amount	\$0.00

B. PERSONAL PROPERTY - CONTENTS

1.	Contents	\$5,000.00
2.	Personal Property Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for Essential Tools and/or Personal Property	\$0.00
4.	Personal Property Compensation Amount	\$5,000.00

C. OTHER RELATED DAMAGES

Total:	\$0.00
TOTAL AWARD - LESS SPECIFIC PERSONAL PROPERTY	\$5,000.00

D. SPECIFIC ITEMS

SPECIFIC ITEM	OWNER	AMOUNT	OFFSET	TOTAL
Total:				

III. SUMMARY OF CLAIM AWARD



www.firevictimtrust.com
1 of 2

Claim ID: 50006
CQ ID: 10012510



REAL AND PERSONAL PROPERTY DETERMINATION REPORT

1.	Net Claim Compensation Amount After Offsets:	\$5,000.00
2.	Net Amount After Ownership Percentage Allocation:	\$5,000.00
3.	Statutory Prejudgment Interest:	\$121.06
4.	Attorney's Fees for Inverse Condemnation:	\$0.00
5.	Aggregate Award Amount for Real Property Damages:	\$5,121.06

IV. CLAIMANT SUMMARY

	CLAIMANT NAME	TOTAL
1.	Enrique Galvez	\$5,121.06



www.firevictimtrust.com
2 of 2

Claim ID: 50006
CQ ID: 10012510



REAL AND PERSONAL PROPERTY DETERMINATION REPORT

REAL AND PERSONAL PROPERTY
DATE OF REPORT: 7/8/22

I. LOSS LOCATION AND CLAIM INFORMATION

Loss Location Address:	Street 4082 Sacramento Ave		Apt/Suite/Lot/Number
	City Santa Rosa	State California	Zip Code 95405-7754
	County Sonoma	APN 049-483-001-000	Fire North Bay
Claim ID:	50007		
Law Firm:	Pro Se		

II. REAL PROPERTY

A. LOSS OF USE/ADDITIONAL LIVING EXPENSE

1.	Total	\$0.00
2.	ALE/LOU Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for ALE/LOU	\$0.00
4.	ALE/LOU Compensation Amount	\$0.00

B. PERSONAL PROPERTY - CONTENTS

1.	Contents	\$0.00
2.	Personal Property Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for Essential Tools and/or Personal Property	\$0.00
4.	Personal Property Compensation Amount	\$0.00

C. OTHER RELATED DAMAGES

Total:	\$0.00
TOTAL AWARD - LESS SPECIFIC PERSONAL PROPERTY	\$0.00

D. SPECIFIC ITEMS

SPECIFIC ITEM	OWNER	AMOUNT	OFFSET	TOTAL
Total:				

III. SUMMARY OF CLAIM AWARD



www.firevictimtrust.com
1 of 2

Claim ID: 50007
CQ ID: 10012510



REAL AND PERSONAL PROPERTY DETERMINATION REPORT

1.	Net Claim Compensation Amount After Offsets:	\$0.00
2.	Net Amount After Ownership Percentage Allocation:	\$0.00
3.	Statutory Prejudgment Interest:	\$0.00
4.	Attorney's Fees for Inverse Condemnation:	\$0.00
5.	Aggregate Award Amount for Real Property Damages:	\$0.00

IV. CLAIMANT SUMMARY

	CLAIMANT NAME	TOTAL
1.	Enrique Galvez	\$0.00

V. EXPLANATION OF MISSING INFORMATION

Your submitted claim is missing documents or information that prohibits us from including those claimed items in our review of the Aggregate Award Amount for Real Property Damage.

This section of the Notice explains what is missing and what you may do to address the issue, if you would like these items included in your final Aggregate Award Amount. We can help if you have questions. To cure the issues identified in this Notice, click the Request Reconsideration button on your secure online Portal and follow the instructions provided to upload the information identified below. If you already have provided us with the missing information, let us know because we may have received it after conducting the review that generated this Notice.

If you would like these items included in your final Aggregate Award Amount for Real Property Damage, these following items require action:

	What is Missing	How to Address this Item
1.	Alternative Living Expenses Not Verified	Provide documentation evidencing your displacement by the fire, duration of displacement, as well as costs of temporary lodging, food, and other incidentals.



www.firevictimtrust.com
2 of 2

Claim ID: 50007
CQ ID: 10012510



PERSONAL INCOME LOSS DETERMINATION REPORT

DATE OF REPORT: 7/8/22

I. PERSONAL INCOME LOSS CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Claim ID:	50008	Claim Questionnaire ID:	10012510
Law Firm:	Pro Se		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

Personal Income Loss Claims include Claims of individuals who lost wage income as a result of the Fires, to the extent permitted by California law.

After reviewing all submitted documents, the Trust has made the following determination for your asserted Personal Income Loss Claim.

Net Claim Award for Personal Income Loss:	\$3,000.00
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www.FireVictimTrust.com
1 of 1

Claim ID: 50008
CQ ID: 10012510



EMOTIONAL DISTRESS - ZONE OF DANGER DETERMINATION REPORT

EMOTIONAL DISTRESS - ZONE OF DANGER
DATE OF REPORT: 7/8/22

I. EVACUATION/SHelter-IN-PLACE ADDRESS AND CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Evacuation/Shelter-in-place Address:	Street 4082 Sacramento Ave	Apt/Suite/Lot/Number	
	City Santa Rosa	State California	Zipcode 95405-7754
	County Sonoma	APN 049-483-001-000	Fire North Bay
Claim ID:	50009		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

The Trust considers claimants to be in the Zone of Danger if they were: (a) within the Fire perimeter, (b) and experienced emotional distress or mental anguish contemporaneous to the Fire, (c) while evacuating or sheltering-in-place as a result of the Fire.

The Trust will compare the experiences of similarly situated Claimants and issue award amounts based on whether a Claimant meets the criteria for one of the following tiers: Tier I, Tier II, Tier III, or Tier IV, with Tier I denoting severe distress, Tier II moderate, and Tiers III and IV denoting varying degrees of mild distress. The Trust will make these determinations by evaluating both (a) the conditions that a Claimant encountered while evacuating or sheltering-in-place and (b) any ongoing effects from mental health conditions that Claimants have continued to experience as a result of emotional distress or mental anguish from the Fire. The Claims Administrator, in her sole discretion, may award an additional amount if a Claimant demonstrates a catastrophic and extraordinary experience that exceeds the severe distress contemplated for a Tier I determination. Section III identifies the Trust's tier determination for your asserted Emotional Distress - Zone of Danger Claim.

DENIAL REASONS

Reason For Denial	Explanation And How To Cure
Claimant Did Not Evacuate/Shelter-in-Place.	To be eligible to receive compensation from the Trust for a Emotional Distress Zone of Danger Claim, you must have: (a) been within the Fire perimeter; (b) and experienced emotional distress or mental anguish contemporaneous to the Fire; and (c) while evacuating or sheltering-in-place as a result of the Fire.

III. COMPENSATION METHODOLOGY AND SUMMARY OF CLAIM AWARD

Zone of Danger Tier:	Denied
Gross Claim Compensation Amount:	\$0.00
Prior Payment Offsets (from Wildfire Assistance Program):	\$0.00
Net Claim Compensation Amount After Offsets:	\$0.00



www.FireVictimTrust.com
1 of 1

Claim ID: 50009
CQ ID: 10012510



PERSONAL INJURY DETERMINATION REPORT

DATE OF REPORT: 7/8/22

I. PERSONAL INJURY CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Claim ID:	50010	Claim Questionnaire ID:	10012510
Law Firm:	Pro Se		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

Personal Injury Claims include Claims for physical or bodily injuries suffered by a Claimant and any related pain and suffering and/or mental anguish caused as a result of the Fires. This includes any or all Claims for bodily injury caused by a Fire and allowed under California law.

The Trust determines award amounts for eligible Personal Injury Claims based on the Claimant's medical expenses related to treatment of the alleged injury, if medical expenses are submitted, and compensation for the Claimant's pain and suffering and/or mental anguish. After reviewing all submitted documents, the Trust has made the following determination for your asserted Personal Injury Claim.

Description	Amount	FEMA Offset	Net Amount
Depression; Anxiety; Panic Disorders; Chronic PTSD	\$0.00	\$0.00	\$0.00
MSSA Bacteremia; Right Knee Infection with Abscess; Necrotizing Fasciitis	\$0.00	\$0.00	\$0.00
Net Claim Award: This is the sum of all Injury awards above minus prior related FEMA payments, if any.			\$0.00

III. EXPLANATION OF INELIGIBLE INJURY

The table below provides additional information related to the asserted injuries that are not eligible for payment within the Personal Injury Claim Type. If you wish to accept the Aggregate Award included in your Determination Notice, you do not need to submit additional documents or take any other action on these deficiencies. If you would like us to consider these additional Assertions, you must request Reconsideration and submit the additional documents identified below. Your Determination Notice includes additional instructions on how to request Reconsideration.

What is the issue?	How to Address this Item
To be eligible for compensation for a Personal Injury Claim, the Fire must have been a substantial contributing factor causing your physical bodily injury.	The submitted records do not establish that the Fire was a substantial contributing factor causing your physical injuries. Therefore, this injury is not eligible for compensation from the Fire Victim Trust.
To be eligible for compensation for a Personal Injury Claim, the Fire must have been a substantial contributing factor causing you physical bodily injury.	Claims only for Emotional Distress are considered under the Emotional Distress Claim category and are not independently compensable as a Personal Injury Claim, as there is no assertion of a physical bodily injury. The Emotional Distress Determination Report includes more information regarding your Emotional Distress Claim Determination.



www.FireVictimTrust.com
1 of 1

Claim ID: 50010
CQ ID: 10012510



OTHER DAMAGES DETERMINATION REPORT

DATE OF REPORT: 7/8/22

I. OTHER DAMAGES CLAIM INFORMATION

Claim ID:	50011	Claim Questionnaire ID:	10012510
Claimant Name(s):	Enrique Galvez		
Law Firm:	Pro Se		

II. SUMMARY OF OTHER DAMAGES ASSERTIONS

The Trust reviews and considers all claims for damages and costs recoverable under California law or, if applicable, other non-bankruptcy law. Damages asserted in the Other Damages section of the Claims Questionnaire but eligible within a Claim Type enumerated in Section II of the Claims Resolution Procedure (e.g., Real Property, Emotional Distress, Business Income Loss) will be reclassified to the appropriate Claim Type and considered there. Asserted damages not specifically contemplated in other Claim Types are evaluated as part of an Other Damages Claim.

The table below identifies the assertions made in the Other Damage section of your Claims Questionnaire and the determination for each. For any assertions identified as Considered in Other Claim Type, the attachment for that Claim Type includes additional information on the determination and corresponding award amounts.

ASSERTION	DETERMINATION	AMOUNT
Claimant asserts additional living expenses	Considered in Other Claim - Real and Personal Property	N/A
Claim Award:		N/A



www.firevictimtrust.com
1 of 1

Claim ID: 50011
CQ ID: 10012510



OTHER OUT-OF-POCKET EXPENSES DETERMINATION REPORT

DATE OF REPORT: 7/8/22

I. OTHER OUT-OF-POCKET DAMAGES CLAIM INFORMATION

Claim ID:	50012	Claim Questionnaire ID:	10012510
Claimant Name(s):	Enrique Galvez		
Law Firm:	Pro Se		

II. SUMMARY OF OTHER OUT-OF-POCKET EXPENSE ASSERTIONS

Other Out-of-Pocket Expense Claims include Claims for out-of-pocket expenses that are not considered as in any other Claim Type. Damages asserted in the Other Out-of-Pocket Expenses section of the Claims Questionnaire but eligible within another Claim Type enumerated in Section II of the Claims Resolution Procedure (e.g., Real Property, Personal Injury, Business Income Loss) will be reclassified to the appropriate Claim Type and considered there. Asserted damages not specifically contemplated in other Claim Types are evaluated as part of an Other Out-of-Pocket Expenses Claim.

The table below identifies the assertions made in the Out-of-Pocket Expense section of your Claims Questionnaire and the determination for each. For any assertions identified as Considered in Other Claim Type, the attachment for that Claim Type includes additional information on the determination and corresponding award amounts.

EXPENSES	DETERMINATION	AMOUNT
Claimant asserts additional costs of fuel to and from therapists and doctors after the fire	Considered in Other Claim - Real and Personal Property	N/A
Claimant asserts miscellaneous costs for medical supplies not covered by insurance	Considered in Other Claim - Personal Injury	N/A
Claim Award:		N/A



www.firevictimtrust.com
1 of 1

Claim ID: 50012
CQ ID: 10012510



EMOTIONAL DISTRESS - NUISANCE DETERMINATION REPORT

DAMAGES FOR ANNOYANCE AND DISCOMFORT - NUISANCE
DATE OF REPORT: 7/8/22

I. PROPERTY ADDRESS AND CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Property Address:	Street 1021 Hopper Ave	Apt/Suite/Lot/Number	
	City Santa Rosa	State California	Zipcode 95403-1612
	County Sonoma	APN 015-360-049-000	Fire North Bay
Claim ID:	51475		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

The Trust will consider damages for annoyance and discomfort related to the loss of use or substantial interference with the use and enjoyment of property that a Claimant had the right to occupy at the time of the Fire, loss of community, or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire.

The Trust will compare the experiences of similarly situated Claimants and issue award amounts based on whether a Claimant meets the criteria for one of the following tiers: Tier I, Tier II, Tier III, or Tier IV, with Tier I denoting severe distress, Tier II moderate, and Tiers III and IV denoting varying degrees of mild distress. The Trust will make these determinations by evaluating both the (a) effect of the Fire on a Claimant's ability to enjoy and use his or her property, and (b) any ongoing effects that a Claimant has continued to experience as a result of the displacement, including difficulties in finding suitable alternative housing, difficulties in accessing the necessities of life and participating in work, family and social activities and the resulting emotional distress or mental anguish related to these considerations. The Claims Administrator, in her sole discretion, may award an additional amount if a Claimant demonstrates a catastrophic and extraordinary experience that exceeds the severe distress contemplated for a Tier I determination. Section III identifies the Trust's tier determination for your asserted Emotional Distress - Nuisance Claim.

DENIAL REASONS

Reason For Denial	Explanation And How To Cure
No Right to Occupy Property	To be eligible to receive compensation from the Trust for an Emotional Distress Nuisance -- Annoyance claim, you must have resided at, had immediate possession of the property, or had a right to occupy the property at the time of either the: (a) 2015 Butte Fire; (b) 2017 North Bay Fire; or (c) 2018 Camp Fire.

III. COMPENSATION METHODOLOGY AND SUMMARY OF CLAIM AWARD

Nuisance Tier:	Denied
Gross Claim Compensation Amount:	\$0.00
Prior Payment Offsets (from Wildfire Assistance Program):	\$0.00



www.FireVictimTrust.com
1 of 2

Claim ID: 51475
CQ ID: 10012510



EMOTIONAL DISTRESS - NUISANCE DETERMINATION REPORT

Net Claim Compensation Amount After Offsets:	\$0.00
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www.FireVictimTrust.com
2 of 2

Claim ID: 51475
CQ ID: 10012510

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November 20, 2022

I. Claimant's Redetermination Narrative to PG&Es Determination Report for Personal Property dated July 8, 2022; Claim ID 50006.

II. Introduction

Claimant is flummoxed at this Determination Report as it fails to apply the formula set forth in the Personal Property Eligibility Criteria and Section 2.6 of the Fire Victim Trust Agreement. The Content award is based on Claimant having his Personal Property in a public storage unit, for 17 DAYS. Claimant was not a "renter" then, and never has been. In fact, this was the first time in his life he used a storage unit. Claimant was a "homeowner in transition."

He sold his home on September 26, 2017 and moved his entire life's property into a public storage unit. This was to be temporary, just until he and his sister could find a new home. (*Document #176335*) That dream was snuffed out, on October 8, 2017, by the wildfires caused by PG&Es reckless and tortuous behavior. Claimant had his Personal Property in storage for 17 DAYS. That hardly makes him a "renter", even under the bias guidelines developed by PG&E.

The Trustee has spent the last 2 years promulgating dialogue boosting about the highly skilled staff the Trust has employed to engage in an efficient process intended to fairly compensate Fire Victim Claims. That cannot be true in light of this blatant attempt to deprive Claimant of compensation he is due under the law and the Trust Agreement. This Determination is a clear breach of the Trustee's fiduciary duty to only act in the best interests of the beneficiaries of the Trust.

III. Facts

Claimant was the owner of property located at 1832 Sansome Drive, Santa Rosa, California 95403. He owned the property for several decades. During that time, Claimant maintained a Homeowners Insurance Policy (*Document #163459*). This policy included umbrella coverage for all his Personal Property, regardless of where it was located. Accordingly, Claimants insurer adjudicated the claim as if his Personal Property were in his residence. They categorized his claim as a total loss. (*Document #128458, pg. 9, a document from the insurance files you obtained, states, "Wild Fire caused fire at STORAGE UNIT, ALL INSURED PROPERTY DESTROYED"*).

Claimant submitted a detailed Initial Loss Inventory for damages. (*Document #161005, loss of \$340,000.00*) Claimant felt that his insurer was engaging in unfair and deceptive business practices and had breached the

covenant of good faith and fair dealing. Claimant exercised reasonable and extraordinary efforts in pursuit of obtaining just compensation from his insurer but was not successful. For that reason, Claimant requested, pursuant to the Available Insurance Recoveries section of the Trust Agreement, that the Trustee assist Claimant in recovering the full amount due. (*Document #176335, pgs. 11-12*) That was 2 YEARS AGO. He requested this assistance, in writing, 4 MORE TIMES. These requests were ignored.

Claimant's insurer only paid Claimant \$163,334.00 (*Documents #161003 & 161004*). Well short of the Policy Limits of \$350,000.00 (*Document #163459*) This Determination does not follow the statement in the Personal Property Eligibility Criteria, at page 12, which states, "The award will be offset by the C Claimants policy limits available to him at the time of the fire, NOT WHAT THE INSURANCE CARRIER PAID CLAIMANT AS A RESULT OF THE FIRE."

IV. Analysis

Applying the ridiculous \$5,000.00 award for Contents would result in this outcome:

1. Contents.....\$5,000
2. Personal Property Insurance Policy Offset.....\$163,333.00
3. FEMA Payment Offset.....\$0
4. Personal Property Compensation Amount(-)\$158,333.00

So, Claimant OWES \$158,333.00? Who would he owe it to? His Insurer? PG&E?

This suggests that the Trustee is intentionally depriving Claimant(s) of compensation they are entitled to. This action entitles Claimant to Punitive/Delay damages. Claimant is preparing a lawsuit to sue the Trustee for breach of his fiduciary duty and related claims as his/her actions in managing the Trust does not insulate him/her from liability for those actions

V. Conclusion

The Trustee requires Claimant to provide documents to establish the value of the damaged property and the costs of repairs to or replacement and requests that one or more of the following documents be provided: List of items destroyed or damaged; Proofs of purchase; Pre-Fire and post-Fire photos or videos; Appraisals; and Other Supporting Documents in the Claimant's possession to show the value of he claimed personal property. Claimant provided the following:

Claimant Enrique Galvez
ID #1021557; Claim ID #10012510

1. Document #161003; – Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;
2. Document #161004; - Revised, Detailed Loss Inventory Prepared by Claimants Insurer, CSAA. Contains detailed descriptions of the lost item, current value, depreciation, age/life, condition and replacement cost;
3. Document #161005; – Initial Loss Inventory Submitted by Claimant to Insurer, CSAA. Contains detailed descriptions;
4. Document #163459; Claimants Exhibit B3 – Copy of Claimants Homeowners Insurance Policy.

Claimant has also provided detailed narratives and other documents to support his claims. Claimant has more than satisfied what is required of him in order to obtain the fair compensation he deserves. If dealing with the loss of everything he ever owned his entire life, the loss of community and an unethical insurer wasn't enough, he now must contend with a reckless corporate criminal intend on cheating him. This behavior is only serving to exasperate the Chronic Post Traumatic Stress Disorder he has developed and been diagnosed with as a direct result of the fires.

Be advised that continuing determinations of this nature will be met with appeal and Claimant is prepared to exhaust all layers through Judicial Determination and in the Northern District, in front of a jury. This behavior is obviously intentional and punitive in nature.

In closing, Claimant request a phone conference with either Ms. Yanni or the Claims Administrator. It may be wise to facilitate this as 15 minute call now may resolve these escalating issues. The alternative will only add burden and expense for the Trust in the future.

Respectfully Submitted,

Enrique Galvez

Claimant Enrique Galvez

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Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

December 5, 2022

I. Claimant's Reconsideration Narrative in Response to PG&Es Determination Report, dated 7/8/22, for Emotional Distress – Nuisance; Claim ID #51475.

II. Introduction

The basis stated for the Trustees wholesale denial of Claimant's legitimate and well supported claim that Claimant had, "No Right to Occupy Property". Claimant does not argue the point. He must instead inform the Trust that the address used in order to make its determination is not the address he resided at when he was under a MANDATORY EVACUATION ORDER. The address you have used is the location where his insured personal property was located at the time the Fires erupted. Without pointed fingers and making further acquisitions about this being part of PG&Es ongoing campaign to prevent Claimants from recovering what they are entitled to, the correct address associated with this claim is that listed in the Zone of Danger, the address he was forced to evacuate and was prevented from returning to for over 4 days: 4082 Sacramento Avenue, Santa Rosa, California 95405. This denial again lacks any basic logic or rationale. Obviously, since the Trust has initially denied Claimants Zone of Danger claim, this claim should have denied based on that basis. Instead, the denial is based on an incorrect address. Another example of the deductive reasoning and analytical skills of the Trusts claims evaluators. This analytical deficiency is apparent in every determination that Claimant has received to date.

The record reveals that countless governmental agencies and news services, tracking evacuation data during the Fire, evidences that Claimant was under a MANDATORY evacuation notice and restricted from returning to his residence for over 4 days.. Those sources include, but are not limited to, the City of Santa Rosa, the County of Sonoma, the County of Marin, the County of Napa, Cal Fire, the Press Democrat, the New York Times, the Washington Post, CNN, the Mercury News, SF Gate, the San Francisco Chronicle, the Sonoma County Gazette, the Sacramento Bee, KRON 4 News and every major news broadcasters, as well as a plethora of others, just to name a few. The Trust was under a fiduciary obligation to have developed, well in advance of adjudicating any submitted claims, the necessary, required and ACCURATE reference sources that its Claims Evaluators would rely upon again and again, in order to achieve its duty and stated goal to provide a reliable and efficient process to FAIRLY compensate the Fire Victims.

PG&Es well established practice of successfully manipulating the system every time it burns down or blows up communities has reduced these victims to mere creditors in a bankruptcy proceeding. As a result, the issue of guilt has already been established. Victims have been robbed of the benefit of a true judicial proceeding where evidence is presented to an empanelled jury, for the purpose of establishing damages. Instead, PG&E is allowed to design a system whereby damages are decided based on document submission. This creates a nearly unobjectionable construct that PG&E cannot resist to

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

selectively abuse as it sees fit. It appears that PG&E has targeted those most vulnerable, in this case it seems to be those victims that do not have an attorney of record.

III. Annoyance & Discomfort, Nuisance

The Trust will consider damages for annoyance and discomfort related to the loss of use or substantial interference with the use and enjoyment of the property that Claimant had the right to occupy at the time of the Fire, loss of community and the loss of cherished possessions or irreplaceable items that were destroyed during the Fire.

- **Loss of Use or Substantial Interference** – Claimant was under a MANDATORY EVACUATION AND STAY AWAY ORDER requiring strict compliance. In total, Claimant was prevented from returning to his residence for a little over 4 days. *(Again, this data is available from countless sources, including Cal Fire)* Claimant has provided numerous documents evidencing that he resided at and had immediate possession of the property prior to the Fire. This prevented Claimant from enjoyment of the property; nay he had no access for over 4 days.
- **Loss of Community** – As reflected in the statement from his physician *(Document #160993)*, the Fire immediately severed Claimant's access to his family, friends and the spokes of his community support wheel, which took a lifetime to build and a reckless moment to lose. The lack of any available housing forced Claimant to stay with his sister, who lived in Sacramento. Claimant was forced to incur the time and expense, as well as the emotional strain of commuting from Sacramento to his work place in Petaluma for 4 days. This created a hardship for Claimant.
- **Loss of Cherished Possessions or Irreplaceable Items**– The Fire had destroyed all of his personal property. To include, but not limited to, his grandmother's ashes, signed photos with himself and dignitaries and celebrities, statutes and figurines that had been in his family, awards and accolades from employers over the years, as well as other items.

IV. Determination Factors

The Trust must evaluate the following factors when determining Tier position and award amounts:

- (a) Whether the property that is the basis for the claim was within the Fire Perimeter;
(As established by the sources, and many more, referenced above)
- (b) Whether the Claimant resided at or had immediate possession of the property at the time of the Fire:
(This has been established by numerous documents Claimant has provided and has been available in the portal for over 2 years)

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

- (c) Treatment for ongoing effects of a mental condition that Claimant has continued to experience as a result of the emotional distress or mental anguish from the Fire;
(As contained in the statements of his physician, life coach, psychiatrist and declarations from his immediate family and friends, located in the documents as referenced below. Most importantly, the statements from his psychiatrist that Claimants emotional distress has evolved into Chronic Post Traumatic Stress Syndrome and Panic Disorder. These conditions are very serious and, in California, are Personal Psychiatric Injuries that stand alone and do not require any connection to any physical injury, nor is emotional distress a required element of Post Traumatic Stress Disorder)
- (d) Whether Claimant experienced a decline in the quality of life as a result of the emotional distress or mental anguish from the Fire.
(As contained in the statement of his physician who describes that the Fire robbed Claimant of precious resources needed to support and assist Claimant with any possible recovery from this catastrophe. Resources that took a lifetime to develop, most importantly, the loss of family and community. See also documents as referenced below)
- (e) The duration and circumstances of Claimant's displacement from the property, including difficulties in finding suitable alternative housing.
(As described above, Claimant was unable to find any alternative housing, so he was forced to commute from Sacramento to his workplace in Petaluma, some 85 miles one way. This created a hardship)

V. Required Documentation for Emotional Distress Claims.

Claimant has provided documentation that includes written narratives, post-Fire photos and detailed inventories of his lost personal property, written reports from his original physician, life coach and psychiatrist, copies of his related expenses, and declarations from family and friends and additional photos below.

These items can be found at the following document ID numbers:

1. 176335 – Claimants Original Narrative,
2. 160993 - Statement from Claimant's Physician describing his mental condition and the impact on his life for loss of community,
3. 176332 – Statement from Life Coach,
4. 179481 – Additional statement from Life Coach,
5. 848962 – Statement from psychiatrist confirming mental condition,
6. 1594450 - Additional statement from psychiatrist,
7. 163451 – Declaration from Claimant,
8. 160995, 160996, 160997 – Declarations from family and friends concerning Claimant's mental condition prior to and after the fire.

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

9. 161003, 161004, 161005, and 163459 – Lost detailed personal property inventories and insurance policy.

Accordingly, Claimant has provided essential documentation to more than satisfy all determination factors. Best evidence that has been in the portal for two (2) years.

VI. The Existing Fiduciary Relationship Between the Parties.

In California, a fiduciary relationship begins once the fiduciary commences to knowingly act upon behalf of the beneficiary, for their benefit. With the fiduciary relationship established, the fiduciary in a relationship is required to: Treat beneficiary with care and reasonable conduct; Remain open and honest with beneficiary when it comes to relevant information; Act in good faith, by putting the interests of the beneficiary above all personal interests. The Trustee has failed to follow these well established principles.

In every contract or agreement there is an implied promise of good faith and fair dealing (*Covenant of Good Faith & Fair Dealing*). This implied promise means that each party will not do anything to unfairly interfere with the right of any other party to receive the benefits of the contract. Good faith means honesty of purpose without any intention to mislead or to take unfair advantage of another. Generally speaking, it means being faithful to one's duty or obligation. "In essence, the covenant is implied as a supplement to the express contractual covenants, to prevent a contracting party from engaging in conduct which (while not technically transgressing the express covenants) frustrates the other party's rights to the benefits of the contract." (*Racine & Laramie, Ltd. v. Department of Parks & Recreation* (1992) 11 Cal.App.4th 1026, 1031–1032)

Claimant is living in poverty as a result of the fires, can't get work in his old career due to the physical and mental injuries he sustained as a direct result of PG&E's grossly negligent and reckless behavior, he is homeless forced to sleep on his sister's couch, and has no resources to get the additional medical and mental services he so desperately needs. If not for help from his family, charity, professional courtesies and his extreme need for these services, he would be undone.

Yet, despite his complete lack of resources and having no funds needed to obtain the much required physical and mental health assistance he needs, he has found a way to discharge his obligation to mitigate any damages.

PG&E, the tortfeasor, is the party with superior resources and has already been found to be responsible for the fires and all the damages it has caused. "The duty to minimize damages does not require an injured person to do what is unreasonable or impracticable, and, consequently, when expenditures are necessary for minimization of damages, the duty does not run to a person who is financially unable to make such expenditures." (*Valencia v. Shell Oil Co.* (1944) 23 Cal.2d 840, 846)

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

“The burden is on defendant to establish matters asserted by him in mitigation or reduction of the amount of plaintiff’s damage, and Defendant here has not met that burden.” (*McNary v. Hanley* (1933) 131 Cal. App. 188, 190)

It is without a doubt that PG&E has failed, nay, not even attempted to mitigate its damages, not to mention its complete inability to conduct a proper analysis of the asserted claims. This behavior is only serving to exasperate the Chronic Post Traumatic Stress Disorder he has developed and been diagnosed with as a direct result of the fires.

VII. Conclusion

The Trustee has spent the last 2 years promulgating dialogue boosting about the highly skilled staff the Trust has employed to engage in an efficient process intended to fairly compensate Fire Victim Claims. That cannot be true in light of these incompetent determinations. These baffling outcomes seem to be blatant attempts to deprive Claimant of compensation he is due under the law and the Trust Agreement. These reckless determinations, based on improperly performed analysis, are clear breaches of the Trustee’s fiduciary duty to only act in the best interests of the beneficiaries of the Trust.

Further, the Trustee has asserted, on more than one occasion, that the Trust has identified those Claimants suffering the most and in need of some immediate payment to assist in their recovery. These statements have no weight and were nothing more than bullshit intended to satisfy the media and critics of these unfair settlement proceedings. If these statements had any truth to them, Claimant would have been identified as a member of the group identified as most needy and would have received some payment. It begs the question as to why the Trust took two (2) years to come to these determinations. It would seem that any claim asserting a personal injury would have been identified in the beginning of the claims resolution process considering the parties mutual obligation, under the law, to mitigate damages.

Also, none of these erroneous determinations are accompanied by any explanation as to how the Trust arrived at the conclusions it did, leaving Claimant no information to accept or otherwise challenge these outcomes. This behavior is intentional and entitles Claimant to punitive damages.

Be advised that continuing determinations of this nature will be met with appeal and Claimant is prepared to exhaust all layers through Judicial Determination and in the Northern District, in front of a jury. This behavior is obviously intentional and punitive in nature. The Protective Provisions contained in the Trust Agreement afford no insulation to the Trustee or any of the Trust employees from willful misconduct, bad faith or fraud. Claimant is prepared to bring a separate action against the Trustee for this obvious mismanagement of the Trust and the bad faith contained in these claim determinations.

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

Photographs of Claimant's Evacuation Area

A. Mobile Home Park Several Blocks from Claimant's Residence



B. The Remains of a Burned Commercial Building Close to Claimant's Home



Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

C. The Hilton Hotel Burning Just ½ Mile from Claimants Home.



D. What was left of Coffey Park, Claimant's Residence was just 1 mile away.



Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #51475

E. Photo Taken Early Next Morning During the Evacuation



11

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #50009

December 5, 2022

I. Claimant's Reconsideration Narrative in Response to PG&Es Determination Report, dated 7/8/22, for Emotional Distress – Zone of Danger; Claim ID #50009.

II. Introduction

The basis stated for the Trustees wholesale denial of Claimant's legitimate and well supported claim is, "Claimant did not evacuate/shelter-in-place." The denial is not accompanied by any explanation or referenced sources relied upon to arrive at this conclusion. Please provide Claimant with all materials the Trust relied upon to support its denial and a detailed summary of the methodology employed in the analysis of these materials.

Claimant's research reveals that countless governmental agencies and news services, tracking evacuation data during the Fire, evidences that Claimant was under a MANDATORY evacuation notice. Those sources include, but are not limited to, the City of Santa Rosa, the County of Sonoma, the County of Marin, the County of Napa, Cal Fire, the Press Democrat, the New York Times, the Washington Post, CNN, the Mercury News, SF Gate, the San Francisco Chronicle, the Sonoma County Gazette, the Sacramento Bee, KRON 4 News and every major news broadcasters, as well as a plethora of others, just to name a few. How is it that the Trust, with vast resources, did not discover this data? The Trust was under a fiduciary obligation to have developed, well in advance of adjudicating any submitted claims, the necessary, required and ACCURATE reference sources that its Claims Evaluators would rely upon again and again, in order to achieve its duty and stated goal to provide a reliable and efficient process to FAIRLY compensate the Fire Victims.

PG&Es well established practice of successfully manipulating the system every time it burns down or blows up communities has reduced these victims to mere creditors in a bankruptcy proceeding. As a result, the issue of guilt has already been established. Victims have been robbed of the benefit of a true judicial proceeding where evidence is presented to an empanelled jury, for the purpose of establishing damages. Instead, PG&E is allowed to design a system whereby damages are decided based on document submission. This creates a nearly unobjectionable construct that PG&E cannot resist to selectively abuse as it sees fit. It appears that PG&E has targeted those most vulnerable, in this case it seems to be those victims that do not have an attorney of record.

III. Zone of Danger

The Trust must consider claimants to be in the Zone of Danger if they were: (a) within the Fire Perimeter, (b) and experienced emotional distress or mental anguish contemporaneous to an included Fire, (c) while evacuating or sheltering-in-place as a result of the Fire. The Trust will make these determinations by evaluating both: (a) the conditions that Claimant encountered while evacuating or sheltering-in-place and (b) any

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #50009

ongoing effects from mental health conditions that Claimant has continued to experience as a result of the emotional distress or mental anguish from the Fire.

- **Within the Fire Perimeter** - Although Claimant was at a funeral out of town when the Fire OFFICIALLY began, he arrived at his home, located well within the Zone of Danger, prior to the authorities' issuing a mandatory evacuation notice. The notice required that all evacuees depart from the Zone within an hour. Claimant complied as instructed;
- **Experienced Emotional Distress Contemporaneous to the Fire** – Prior to having to evacuate his residence, under unorganized, chaotic and terrifying conditions, Claimant was informed that the Fire had destroyed all of his personal property. Accordingly, Claimant was already suffering from severe mental anguish, fear and confusion before, during and after the evacuation;
- **While Evacuating** – As described above.

Claimant has provided ample evidence to satisfy all the Zone of Danger elements.

IV. Determination Factors

The Trust must evaluate the following factors when determining Tier position and award amounts:

- (a) The nature of the conditions that a Claimant experienced while evacuating or sheltering-in-place as the result of the Fire;
(As described above and contained in the documents referenced below)
- (b) Treatment for ongoing effects of a mental condition that Claimant has continued to experience as a result of the emotional distress or mental anguish from the Fire;
(As contained in the statements of his physician, life coach, psychiatrist and declarations from his immediate family and friends, located in the documents as referenced below. Most importantly, the statements from his psychiatrist that Claimants emotional distress has evolved into Chronic Post Traumatic Stress Syndrome and Panic Disorder. These conditions are very serious and, in California, are Personal Psychiatric Injuries that stand alone and do not require any connection to any physical injury, nor is emotional distress a required element of Post Traumatic Stress Disorder)
- (c) Whether Claimant experienced a decline in the quality of life as a result of the emotional distress or mental anguish from the Fire.
(As contained in the statement of his physician who describes that the Fire robbed Claimant of precious resources needed to support and assist Claimant with any possible recovery from this catastrophe. Resources that took a

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #50009

lifetime to develop, most importantly, the loss of family and community. See also documents as referenced below)

V. Required Documentation for Emotional Distress Claims.

Claimant has provided documentation that includes written narratives, post-Fire photos and detailed inventories of his lost personal property, written reports from his original physician, life coach and psychiatrist, copies of his related expenses, and declarations from family and friends and additional photos below.

These items can be found at the following document ID numbers:

1. 176335 – Claimants Original Narrative,
2. 160993 – Statement from Claimant's Physician describing his mental condition and the impact on his life for loss of community,
3. 176332 – Statement from Life Coach,
4. 179481 – Additional statement from Life Coach,
5. 848962 – Statement from psychiatrist confirming mental condition,
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7. 163451 – Declaration from Claimant,
8. 160995, 160996, 160997 – Declarations from family and friends concerning Claimant's mental condition prior to and after the fire.
9. 161003, 161004, 161005, and 163459 – Lost detailed personal property inventories and insurance policy.

Accordingly, Claimant has provided essential documentation to more than satisfy all three (3) determination factors. Best evidence that has been in the portal for two (2) years.

VI. The Existing Fiduciary Relationship Between the Parties.

In California, a fiduciary relationship begins once the fiduciary commences to knowingly act upon behalf of the beneficiary, for their benefit. With the fiduciary relationship established, the fiduciary in a relationship is required to: Treat beneficiary with care and reasonable conduct; Remain open and honest with beneficiary when it comes to relevant information; Act in good faith, by putting the interests of the beneficiary above all personal interests. The Trustee has failed to follow these well established principles.

In every contract or agreement there is an implied promise of good faith and fair dealing (*Covenant of Good Faith & Fair Dealing*). This implied promise means that each party will not do anything to unfairly interfere with the right of any other party to receive the benefits of the contract. Good faith means honesty of purpose without any intention to mislead or to take unfair advantage of another. Generally speaking, it means being faithful to one's duty or obligation. "In essence, the covenant is implied as a supplement

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
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to the express contractual covenants, to prevent a contracting party from engaging in conduct which (while not technically transgressing the express covenants) frustrates the other party's rights to the benefits of the contract." (*Racine & Laramie, Ltd. v. Department of Parks & Recreation* (1992) 11 Cal.App.4th 1026, 1031-1032)

Claimant is living in poverty as a result of the fires, can't get work in his old career due to the physical and mental injuries he sustained as a direct result of PG&E's grossly negligent and reckless behavior, he is homeless forced to sleep on his sister's couch, and has no resources to get the additional medical and mental services he so desperately needs. If not for help from his family, charity, professional courtesies and his extreme need for these services, he would be undone.

Yet, despite his complete lack of resources and having no funds needed to obtain the much required physical and mental health assistance he needs, he has found a way to discharge his obligation to mitigate any damages.

PG&E, the tortfeasor, is the party with superior resources and has already been found to be responsible for the fires and all the damages it has caused. "The duty to minimize damages does not require an injured person to do what is unreasonable or impracticable, and, consequently, when expenditures are necessary for minimization of damages, the duty does not run to a person who is financially unable to make such expenditures." (*Valencia v. Shell Oil Co.* (1944) 23 Cal.2d 840, 846)

"The burden is on defendant to establish matters asserted by him in mitigation or reduction of the amount of plaintiff's damage, and Defendant here has not met that burden." (*McNary v. Hanley* (1933) 131 Cal. App. 188, 190)

It is without a doubt that PG&E has failed, nay, not even attempted to mitigate its damages, not to mention its complete inability to conduct a proper analysis of the asserted claims. This behavior is only serving to exasperate the Chronic Post Traumatic Stress Disorder he has developed and been diagnosed with as a direct result of the fires.

VII. Conclusion

The Trustee has spent the last 2 years promulgating dialogue boosting about the highly skilled staff the Trust has employed to engage in an efficient process intended to fairly compensate Fire Victim Claims. That cannot be true in light of these incompetent determinations. These baffling outcomes seem to be blatant attempts to deprive Claimant of compensation he is due under the law and the Trust Agreement. These reckless determinations, based on improperly performed analysis, are clear breaches of the Trustee's fiduciary duty to only act in the best interests of the beneficiaries of the Trust.

Further, the Trustee has asserted, on more than one occasion, that the Trust has identified those Claimants suffering the most and in need of some immediate payment to assist in their recovery. These statements have no weight and were nothing more than

Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #50009

bullshit intended to satisfy the media and critics of these unfair settlement proceedings. If these statements had any truth to them, Claimant would have been identified as a member of the group identified as most needy and would have received some payment. It begs the question as to why the Trust took two (2) years to come to these determinations. It would seem that any claim asserting a personal injury would have been identified in the beginning of the claims resolution process considering the parties mutual obligation, under the law, to mitigate damages.

Also, none of these erroneous determinations are accompanied by any explanation as to how the Trust arrived at the conclusions it did, leaving Claimant no information to accept or otherwise challenge these outcomes. This behavior is intentional and entitles Claimant to punitive damages.

Be advised that continuing determinations of this nature will be met with appeal and Claimant is prepared to exhaust all layers through Judicial Determination and in the Northern District, in front of a jury. This behavior is obviously intentional and punitive in nature. The Protective Provisions contained in the Trust Agreement afford no insulation to the Trustee or any of the Trust employees from willful misconduct, bad faith or fraud. Claimant is prepared to bring a separate action against the Trustee for this obvious mismanagement of the Trust and the bad faith contained in these claim determinations.

Photographs of Claimant's Evacuation Area

A. Mobile Home Park Several Blocks from Claimant's Residence



Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #50009

B. The Remains of a Burned Commercial Building Close to Claimant's Home



C. The Hilton Hotel Burning Just 1/2 Mile from Claimants Home.



Claimant Enrique Galvez
Claimant ID #1021557, CQ ID #10012510
Claim ID #50009

D. What was left of Coffey Park, Claimant's Residence was just 1 mile away.



E. Photo Taken Early Next Morning During the Evacuation



JJ



RECONSIDERATION DETERMINATION NOTICE

DATE OF NOTICE: 3/2/23
DEADLINE TO APPEAL : 4/3/23

I. DETERMINATION NOTICE

This Notice is an official communication from the Claims Processor for the Fire Victim Trust (the "Trust") and relates to the Fire Victim(s) identified in Section II below. This Reconsideration Determination Notice summarizes the aggregate amount for your submitted claims from the Claims Questionnaire ("CQ") after review of any new supporting proof and/or arguments made in the Reconsideration request.

II. FIRE VICTIM INFORMATION

Claimant(s):	Enrique Galvez
CQ ID:	10012510
Law Firm:	Pro Se
Reconsideration Determination: (subject to pro rata distribution)	\$79,828.07

III. IMPORTANT INFORMATION ABOUT RECONSIDERATION, APPEALS, PAYMENTS AND LIENS

Appeal: Click [here](#) to read about how you can appeal the determination to a Neutral if you are dissatisfied with the award.

Pro Rata Payments: Click [here](#) to read about the payment information required from each Fire Victim before the Trust can pay any pro rata amounts allowed under this Determination Notice, and the methodology for issuing pro rata payments on Approved Claims.

Credits, Liens, and Taxes: Click [here](#) to read about any amounts the Trustee had to deduct from this determination as required under Article XII of the Claims Resolution Procedures. Go to your Portal to see live information about any medical reimbursement obligations and to determine your potential holdbacks or final repayment amounts for any Medicare, Medi-Cal, or private health insurance reimbursement obligations.

Minors or Incapacitated Adults: Click [here](#) to read about the Special Master review process required before the Trust can pay any amounts allowed under this Determination Notice to a Minor or Incapacitated Adult Fire Victim.



www.FireVictimTrust.com

1 of 1

CQ ID: 10012510



REAL AND PERSONAL PROPERTY RECONSIDERATION DETERMINATION REPORT

REAL AND PERSONAL PROPERTY
DATE OF REPORT: 3/2/23

I. LOSS LOCATION AND CLAIM INFORMATION

Loss Location Address:	Street	1021 Hopper Ave		Apt/Suite/Lot/Number
	City	Santa Rosa	State	California
	County	Sonoma	APN	015-360-049-000
			Fire	North Bay
Claim ID:	50006			
Law Firm:	Pro Se			

II. REAL PROPERTY

A. LOSS OF USE/ADDITIONAL LIVING EXPENSE

1.	Total	\$0.00
2.	ALE/LOU Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for ALE/LOU	\$0.00
4.	ALE/LOU Compensation Amount	\$0.00

B. PERSONAL PROPERTY - CONTENTS

1.	Contents	\$184,401.93
2.	Personal Property Insurance Policy Offset	\$163,333.97
3.	FEMA Payment Offset for Essential Tools and/or Personal Property	\$0.00
4.	Personal Property Compensation Amount	\$21,067.96

C. OTHER RELATED DAMAGES

Total:	\$0.00
TOTAL AWARD - LESS SPECIFIC PERSONAL PROPERTY	\$21,067.96

D. SPECIFIC ITEMS

SPECIFIC ITEM	OWNER	AMOUNT	OFFSET	TOTAL
Total:				



www.firevictimtrust.com
1 of 2

Claim ID: 50006
CQ ID: 10012510



REAL AND PERSONAL PROPERTY RECONSIDERATION DETERMINATION REPORT

III. SUMMARY OF CLAIM AWARD

1.	Net Claim Compensation Amount After Offsets:	\$21,067.96
2.	Net Amount After Ownership Percentage Allocation:	\$21,067.96
3.	Statutory Prejudgment Interest:	\$510.11
4.	Attorney's Fees for Inverse Condemnation:	\$0.00
5.	Aggregate Award Amount for Real Property Damages:	\$21,578.07

IV. CLAIMANT SUMMARY

	CLAIMANT NAME	TOTAL
1.	Enrique Galvez	\$21,578.07

V. RECONSIDERATION COMMENT

The Claimant requested Reconsideration on their Personal Property award. The Trust has reviewed the documentation and awarded the largest inventory totaling \$184,401.93 pre-tax. There is no inventory supporting the asserted \$340,000 claim. Additionally, the Trust has agreed to offset the amount paid rather than the full policy limit. After Reconsideration, the Aggregate Award is \$21,578.07.



www.firevictimtrust.com
2 of 2

Claim ID: 50006
CQ ID: 10012510



REAL AND PERSONAL PROPERTY RECONSIDERATION DETERMINATION REPORT

REAL AND PERSONAL PROPERTY
DATE OF REPORT: 3/2/23

I. LOSS LOCATION AND CLAIM INFORMATION

Loss Location Address:	Street	4082 Sacramento Ave		Apt/Suite/Lot/Number
	City	Santa Rosa	State	California
	County	Sonoma	APN	049-483-001-000
			Fire	North Bay
Claim ID:	50007			
Law Firm:	Pro Se			

II. REAL PROPERTY

A. LOSS OF USE/ADDITIONAL LIVING EXPENSE

1.	Total	\$0.00
2.	ALE/LOU Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for ALE/LOU	\$0.00
4.	ALE/LOU Compensation Amount	\$0.00

B. PERSONAL PROPERTY - CONTENTS

1.	Contents	\$0.00
2.	Personal Property Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for Essential Tools and/or Personal Property	\$0.00
4.	Personal Property Compensation Amount	\$0.00

C. OTHER RELATED DAMAGES

Total:	\$0.00
TOTAL AWARD - LESS SPECIFIC PERSONAL PROPERTY	\$0.00

D. SPECIFIC ITEMS

SPECIFIC ITEM	OWNER	AMOUNT	OFFSET	TOTAL
Total:				



www.firevictimtrust.com
1 of 2

Claim ID: 50007
CQ ID: 10012510



REAL AND PERSONAL PROPERTY RECONSIDERATION DETERMINATION REPORT

III. SUMMARY OF CLAIM AWARD

1.	Net Claim Compensation Amount After Offsets:	\$0.00
2.	Net Amount After Ownership Percentage Allocation:	\$0.00
3.	Statutory Prejudgment Interest:	\$0.00
4.	Attorney's Fees for Inverse Condemnation:	\$0.00
5.	Aggregate Award Amount for Real Property Damages:	\$0.00

IV. CLAIMANT SUMMARY

	CLAIMANT NAME	TOTAL
1.	Enrique Galvez	\$0.00

VI. EXPLANATION OF MISSING INFORMATION

Your submitted claim is missing documents or information that prohibits us from including those claimed items in our review of the Aggregate Award Amount for Real Property Damage.

This section of the Notice explains what is missing and what you may do to address the issue, if you would like these items included in your final Aggregate Award Amount. We can help if you have questions. To cure the issues identified in this Notice, click the Respond to Deficiency Notice button on your secure online Portal and follow the instructions provided to upload the information identified below. If you already have provided us with the missing information, let us know because we may have received it after conducting the review that generated this Notice.

If you would like these items included in your final Aggregate Award Amount for Real Property Damage, these following items require action:

	What is Missing	How to Address this Item
1.	Alternative Living Expenses Not Verified	Provide documentation evidencing your displacement by the fire, duration of displacement, as well as costs of temporary lodging, food, and other incidentals.



www.firevictimtrust.com
2 of 2

Claim ID: 50007
CQ ID: 10012510



PERSONAL INCOME LOSS RECONSIDERATION DETERMINATION REPORT

DATE OF REPORT: 3/2/23

I. PERSONAL INCOME LOSS CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Claim ID:	50008	Claim Questionnaire ID:	10012510
Law Firm:	Pro Se		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

Personal Income Loss Claims include Claims of individuals who lost wage income as a result of the Fires, to the extent permitted by California law.

After reviewing all submitted documents, the Trust has made the following determination for your asserted Personal Income Loss Claim.

Net Claim Award for Personal Income Loss:	\$3,000.00
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www.FireVictimTrust.com
1 of 1

Claim ID: 50008
CQ ID: 10012510



EMOTIONAL DISTRESS - ZONE OF DANGER RECONSIDERATION DETERMINATION REPORT

EMOTIONAL DISTRESS - ZONE OF DANGER
DATE OF REPORT: 3/2/23

I. EVACUATION/SHELTER-IN-PLACE ADDRESS AND CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Evacuation/Shelter-in-place Address:	Street 4082 Sacramento Ave	Apt/Suite/Lot/Number	
	City Santa Rosa	State California	Zipcode 95405-7754
	County Sonoma	APN 049-483-001-000	Fire North Bay
Claim ID:	50009		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

The Trust considers claimants to be in the Zone of Danger if they were: (a) within the Fire perimeter, (b) and experienced emotional distress or mental anguish contemporaneous to the Fire, (c) while evacuating or sheltering-in-place as a result of the Fire.

The Trust will compare the experiences of similarly situated Claimants and issue award amounts based on whether a Claimant meets the criteria for one of the following tiers: Tier I, Tier II, Tier III, or Tier IV, with Tier I denoting severe distress, Tier II moderate, and Tiers III and IV denoting varying degrees of mild distress. The Trust will make these determinations by evaluating both (a) the conditions that a Claimant encountered while evacuating or sheltering-in-place and (b) any ongoing effects from mental health conditions that Claimants have continued to experience as a result of emotional distress or mental anguish from the Fire. The Claims Administrator, in her sole discretion, may award an additional amount if a Claimant demonstrates a catastrophic and extraordinary experience that exceeds the severe distress contemplated for a Tier I determination. Section III identifies the Trust's tier determination for your asserted Emotional Distress - Zone of Danger Claim.

III. COMPENSATION METHODOLOGY AND SUMMARY OF CLAIM AWARD

Zone of Danger Tier:	Tier 3 (Mild)
Gross Claim Compensation Amount:	\$25,000.00
Prior Payment Offsets (from Wildfire Assistance Program):	\$0.00
Net Claim Compensation Amount After Offsets:	\$25,000.00

www.FireVictimTrust.com
1 of 1

Claim ID: 50009
CQ ID: 10012510



PERSONAL INJURY RECONSIDERATION DETERMINATION REPORT

DATE OF REPORT: 3/2/23

I. PERSONAL INJURY CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Claim ID:	50010	Claim Questionnaire ID:	10012510
Law Firm:	Pro Se		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

Personal Injury Claims include Claims for physical or bodily injuries suffered by a Claimant and any related pain and suffering and/or mental anguish caused as a result of the Fires. This includes any or all Claims for bodily injury caused by a Fire and allowed under California law.

The Trust determines award amounts for eligible Personal Injury Claims based on the Claimant's medical expenses related to treatment of the alleged injury, if medical expenses are submitted, and compensation for the Claimant's pain and suffering and/or mental anguish. After reviewing all submitted documents, the Trust has made the following determination for your asserted Personal Injury Claim.

Description	Amount	FEMA Offset	Net Amount
Depression; Anxiety; Panic Disorders; Chronic PTSD	\$0.00	\$0.00	\$0.00
MSSA Bacteremia; Right Knee Infection with Abscess; Necrotizing Fasciitis	\$0.00	\$0.00	\$0.00
Smoke Inhalation	\$250.00	\$0.00	\$250.00
Net Claim Award: This is the sum of all Injury awards above minus prior related FEMA payments, if any.			\$250.00

III. EXPLANATION OF INELIGIBLE INJURY

The table below provides additional information related to the asserted injuries that are not eligible for payment within the Personal Injury Claim Type. If you wish to accept the Aggregate Award included in your Determination Notice, you do not need to submit additional documents or take any other action on these deficiencies. If you would like us to consider these additional Assertions, you must request Reconsideration and submit the additional documents identified below. Your Determination Notice includes additional instructions on how to request Reconsideration.

What is the issue?	How to Address this Item
To be eligible for compensation for a Personal Injury Claim, the Fire must have been a substantial contributing factor causing your physical bodily injury.	The submitted records do not establish that the Fire was a substantial contributing factor causing your physical injuries. Therefore, this injury is not eligible for compensation from the Fire Victim Trust.
To be eligible for compensation for a Personal Injury Claim, the Fire must have been a substantial contributing factor causing you physical injury.	Claims only for Emotional Distress are considered under the Emotional Distress Claim category and are not independently compensable as a Personal Injury Claim, as there is no assertion of a physical bodily injury. The Emotional Distress Determination Report includes more information regarding your Emotional Distress Claim Determination.



www.FireVictimTrust.com
1 of 2

Claim ID: 50010
CQ ID: 10012510



PERSONAL INJURY RECONSIDERATION DETERMINATION REPORT

IV. RECONSIDERATION COMMENT

The Claimant requested reconsideration of the Personal Injury Claim. After review, the Trust increased the Claimant's Personal Injury Award to \$250.00 for smoke inhalation. The Trust confirmed the prior Personal Injury Award for depression, anxiety, panic disorder, and PTSD because Claims only for Emotional Distress are considered under the Emotional Distress Claim category and are not independently compensable as a Personal Injury Claim. The Trust confirmed the prior Personal Injury Award for MSSA bacteremia, right knee infection with abscess, and necrotizing fasciitis, as the submitted medical records do not establish that the Fire was a substantial contributing factor causing the Claimant's injuries. The Claimant did not initially present for treatment for these asserted injuries until 12/1/2017, more than seven weeks after the North Bay Fires (Doc. ID 160998, p. 2). The Claimant presented with leg pain following volunteer work in the areas affected by fires (Doc. ID 176335, p. 13). Medical records confirm the Claimant had "a life-threatening infection in his knee for which there was no apparent cause" (Doc. ID 160993, p. 2). On Reconsideration, the Claimant indicated he would provide additional medical documentation but did not do so despite multiple requests from the Trust and multiple offers of additional time.

www.FireVictimTrust.com
2 of 2

Claim ID: 50010
CQ ID: 10012510



OTHER DAMAGES RECONSIDERATION DETERMINATION REPORT

DATE OF REPORT: 3/2/23

I. OTHER DAMAGES CLAIM INFORMATION

Claim ID:	50011	Claim Questionnaire ID:	10012510
Claimant Name(s):	Enrique Galvez		
Law Firm:	Pro Se		

II. SUMMARY OF OTHER DAMAGES ASSERTIONS

The Trust reviews and considers all claims for damages and costs recoverable under California law or, if applicable, other non-bankruptcy law. Damages asserted in the Other Damages section of the Claims Questionnaire but eligible within a Claim Type enumerated in Section II of the Claims Resolution Procedure (e.g., Real Property, Emotional Distress, Business Income Loss) will be reclassified to the appropriate Claim Type and considered there. Asserted damages not specifically contemplated in other Claim Types are evaluated as part of an Other Damages Claim.

The table below identifies the assertions made in the Other Damage section of your Claims Questionnaire and the determination for each. For any assertions identified as Considered in Other Claim Type, the attachment for that Claim Type includes additional information on the determination and corresponding award amounts.

ASSERTION	DETERMINATION	AMOUNT
Claimant asserts additional living expenses	Considered in Other Claim - Real and Personal Property	N/A
Claim Award:		N/A



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1 of 1

Claim ID: 50011
CQ ID: 10012510



OTHER OUT-OF-POCKET EXPENSES RECONSIDERATION DETERMINATION REPORT

DATE OF REPORT: 3/2/23

I. OTHER OUT-OF-POCKET DAMAGES CLAIM INFORMATION

Claim ID:	50012	Claim Questionnaire ID:	10012510
Claimant Name(s):	Enrique Galvez		
Law Firm:	Pro Se		

II. SUMMARY OF OTHER OUT-OF-POCKET EXPENSE ASSERTIONS

Other Out-of-Pocket Expense Claims include Claims for out-of-pocket expenses that are not considered as in any other Claim Type. Damages asserted in the Other Out-of-Pocket Expenses section of the Claims Questionnaire but eligible within another Claim Type enumerated in Section II of the Claims Resolution Procedure (e.g., Real Property, Personal Injury, Business Income Loss) will be reclassified to the appropriate Claim Type and considered there. Asserted damages not specifically contemplated in other Claim Types are evaluated as part of an Other Out-of-Pocket Expenses Claim.

The table below identifies the assertions made in the Out-of-Pocket Expense section of your Claims Questionnaire and the determination for each. For any assertions identified as Considered in Other Claim Type, the attachment for that Claim Type includes additional information on the determination and corresponding award amounts.

EXPENSES	DETERMINATION	AMOUNT
Claimant asserts additional costs of fuel to and from therapists and doctors after the fire	Considered in Other Claim - Real and Personal Property	N/A
Claimant asserts miscellaneous costs for medical supplies not covered by insurance	Considered in Other Claim - Personal Injury	N/A
Claim Award:		N/A



www.firevictimtrust.com
1 of 1

Claim ID: 50012
CQ ID: 10012510



EMOTIONAL DISTRESS - NUISANCE RECONSIDERATION DETERMINATION REPORT

DAMAGES FOR ANNOYANCE AND DISCOMFORT - NUISANCE
DATE OF REPORT: 3/2/23

I. PROPERTY ADDRESS AND CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Property Address:	Street 4082 Sacramento Ave	Apt/Suite/Lot/Number	
	City Santa Rosa	State California	Zipcode 95405 - 7754
	County Sonoma	APN	Fire North Bay
Claim ID:	51475		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

The Trust will consider damages for annoyance and discomfort related to the loss of use or substantial interference with the use and enjoyment of property that a Claimant had the right to occupy at the time of the Fire, loss of community, or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire.

The Trust will compare the experiences of similarly situated Claimants and issue award amounts based on whether a Claimant meets the criteria for one of the following tiers: Tier I, Tier II, Tier III, or Tier IV, with Tier I denoting severe distress, Tier II moderate, and Tiers III and IV denoting varying degrees of mild distress. The Trust will make these determinations by evaluating both the (a) effect of the Fire on a Claimant's ability to enjoy and use his or her property, and (b) any ongoing effects that a Claimant has continued to experience as a result of the displacement, including difficulties in finding suitable alternative housing, difficulties in accessing the necessities of life and participating in work, family and social activities and the resulting emotional distress or mental anguish related to these considerations. The Claims Administrator, in her sole discretion, may award an additional amount if a Claimant demonstrates a catastrophic and extraordinary experience that exceeds the severe distress contemplated for a Tier I determination. Section III identifies the Trust's tier determination for your asserted Emotional Distress - Nuisance Claim.

III. COMPENSATION METHODOLOGY AND SUMMARY OF CLAIM AWARD

Nuisance Tier:	Tier 3 (Mild)
Gross Claim Compensation Amount:	\$30,000.00
Prior Payment Offsets (from Wildfire Assistance Program):	\$0.00
Net Claim Compensation Amount After Offsets:	\$30,000.00

www.FireVictimTrust.com
1 of 1

Claim ID: 51475
CQ ID: 10012510

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May 20, 2023

I. Appeal Narrative Re: Claim #50006 –

A. Introduction

The Personal Property Eligibility Criteria, dated 10/05/2021, and Section 2.6 of the Fire Victim Trust Agreement set forth the promulgated guidelines for amounts covered by insurance. These guidelines are not optional and must be adhered to in order for all fire victims to have their claims fairly adjudicated. The intention was to obtain all Available **Insurance Recoveries** as defined in the Trust Agreement.

B. The Importance of the Personal Property Eligibility Criteria dated 10/05/21.

It is important to note that all reference and related materials are available to the fire victims through the portal. All the available documents are maintained and managed on the portal by PG&E. This original version was dated 10/05/21 (Document #1751067) and contained sections I. – VI, pages 1-12.

Section VI is entitled “Credits for Amounts Covered by Insurance” and reads as follows: “Pursuant to section 2.6 of the PG&E Fire Victim Trust Agreement, any determination resulting in an award shall be reduced by all insurance recoveries available to the Fire Victim, whether or not the Fire Victim actually made a claim against a policy of insurance for such damages or losses. **THE AWARD WILL BE OFFSET BY THE CLAIMANT’S POLICY LIMITS AVAILABLE TO HIM AT THE TIME OF THE FIRE, AND NOT WHAT THE INSURANCE CARRIER PAID TO THE CLAIMANT AS A RESULT OF THE FIRE**”. Claimant repeatedly argued this point but was ignored.

In response to Claimant’s insistence that this methodology controls how damages would be calculated, PG&E replaced that Eligibility Criteria with one dated 5/20/22 (Document # 1751068) and is missing page 12 and Section VI. (See current eligibility criteria posted on the portal) There was no notice to the beneficiaries of this critical change in eligibility. This behavior falls well below that of a professional fiduciary, especially one being compensated at the rate of \$1,500.00 per hour. Indeed this behavior is intentional and punitive with the sole goal of defrauding Claimant’s of their rightful compensation. Claimant, and others similarly situated is entitled to delay and punitive damages for this despicable behavior.

C. Available Insurance Recoveries, as defined in the Trust Agreement, shall include (i) any amount actually paid to the Fire Victim for damages/losses attributable to a Wildfire by an insurer under a policy of insurance, and (ii) any amount to be paid, payable, or otherwise owed to the Fire Victim for damages or losses attributable to a Wildfire by an insurer under a policy of insurance. When determining these amounts, the Trustee shall consider, (i) the terms of any available policy of insurance and whether such

Claimant Enrique Galvez
Appeal Narrative Re: Insurance Claim #50006

policy or any existing insurance policies can be reasonably interpreted to provide coverage, in full or in part, for the damages/losses that the Claimant seeks to recover from the Trust, *(ii)* the available policy limits of Claimant's policy that can reasonably be construed to provide insurance coverage for each category of damages that Claimant seeks to recover from the Trust, *(iii)* whether Claimant exercised reasonable efforts to obtain all recoveries available under his policy for damages/losses attributable to a Wildfire, and, in Claimants case, *(iv)* the amounts that could or should have been paid under his policy of insurance to Claimant for damages/losses attributable to a Fire had Claimant taken reasonable efforts to obtain an insurance recovery for such damages/losses.

A Fire Victim shall be deemed to have exercised reasonable efforts with respect to a category of damages/losses attributable to a Fire that is covered by a policy of insurance, if Claimant receives payments from an insurer pursuant to such policy that are equivalent to or greater than *(i)* the full amount of such damages/losses or *(ii)* the available policy limits for claims made for such damages/losses. Claimant exercised persistent and aggressive efforts contesting AAA's valuation of his claim and asserting that they were in *breach of the covenant of good faith and fair dealing*. Claimant put forth extraordinary efforts in asserting claims for damages/losses attributable to the fires. Claimant exercised reasonable efforts with respect to the recoveries available from his insurer for such damage & losses.

In addition, Section 2.6 (d) of the Trust Agreement mandates that the Trustee **SHALL** establish procedures to assist Claimants to recover the full amount due to the Claimant under the applicable insurance policy, where the Claimant requests the assistance. Claimant requested this assistance when he submitted his Claim Narrative, in September of 2020, nearly three years ago, and three additional times after that. Yet as of the writing of this appeal brief, no assistance has been forth coming. The Trustee has decided that she doesn't have to follow the rules contained within the Trust Document and instead has developed a linear compensation scheme that totally disregards the Available Insurance. It makes no effort to review the policy for coverage items that were withheld, such as Replacement Cost Coverage, Diminution in Value, Loss of Use, and similar. Nor does it even recognize the loss of irreplaceable sentimental items, such as the urn containing the ashes of his beloved grandmother

The Canons of Construction tell us that the use of the word "shall" conscripts the Trustee to have developed procedures whose sole purpose was to recover all ***Available Insurance Recoveries***. Section 2.6 (d) of the Trust Agreement was designed to support Fire Victims in dealing with the unscrupulous insurance companies that have already been enriched by an earlier 13 Billion Dollar Settlement.

D. Procedural History Re: Deficiency Notices

In September of 2020, Claimant uploaded a Detailed General Narrative identifying each and every supporting document and its intended purpose (Document #176335) These documents were Claimants Homeowners Insurance Policy in effect at

Claimant Enrique Galvez
Appeal Narrative Re: Insurance Claim #50006

the time the fire roared through Santa Rosa (Document # 163459); the initial Claim submitted to his Insurance Carrier (Document #161005), Primary detailed Loss Inventory from Claimants Insurance Carrier (Document #161003), Secondary Loss Inventory the result of Claimants scrutiny of the Initial Loss Inventory. (Document #161004) It is important to note that these four documents remain and are the only documents, by which PG&E has applied its various methodologies to fraud Claimant.

One year later, Claimant receives a Deficiency Notice (Document #949898) asserting that Claimant had failed to submit documentation sufficient to demonstrate any insurance claims or payment related to the claimed property. Claimant responded setting forth a road map of detail and asked yet again for the Trustee to help with his insurance. Further, Claimant wrote his findings after reviewing the Insurance file and asked yet again for assistance (Document #689844)

Eight months later, on 5/27/2022, Claimant receives an Amended Deficiency Notice asserting that: 1. "Claimant did not submit sufficient Supporting Documents to establish the value of your damaged property and the costs of repairs to or replacement"; 2. "You did not submit sufficient Supporting Documentation to verify that you are the owner of the damaged personal property"; 3. "You did not submit sufficient Supporting Documentation to verify the level of damage that you experienced due to an Included Fire." This is further bad faith and intentional delay tactics intended to force Claimant to accept less than what he is entitled to. Claimant responded each time with details about what he had provided to date. Some two years and 8 months have passed since Claimant filed a claim with all the requisite documentation only to be abused by common criminals.

E. Determination Notices

Finally, without explanation, PG&E offered \$5,000.00. Claimant determined that PG&E was trying to cap damages by incorrectly categorizing Claimants property as having been in long term storage, when in fact he was a homeowner in transition. Claimant asked for reconsideration.

It is here on Reconsideration that Defendant's own words enlighten us as to the criminal enterprise they have engaged in since day one. Claimant, in light of the depth of bad faith and breaches of fiduciary duty, requests that an investigation be undertaken to determine the Trustees knowledge of this unethical and unprofessional behavior.

F. Reconsideration

The Trustee states, "The Claimant requested Reconsideration on their Personal Property award. The Trust has reviewed the documentation and awarded the largest inventory totaling \$184,401.93 pre-tax. There is no inventory supporting the asserted \$340,000 claim. "Additionally, the Trust has agreed to offset the amount paid rather than the full policy limit. After Reconsideration, the Aggregate Award is \$21,578.07."

Claimant Enrique Galvez
Appeal Narrative Re: Insurance Claim #50006

The nature of their analysis is in direct conflict with the *Available Insurance Recoveries* methodology as set forth in Section 2.6 of the Trust Agreement and the 10/5/21 Personal Property Eligibility Criteria, at page 12, section 6, which states that, "Pursuant to section 2.6 of the PG&E Fire Victim Trust Agreement, any determination resulting in an award shall be reduced by all insurance recoveries available to the Fire Victim, whether or not the Fire Victim actually made a claim against a policy of insurance for such damages or losses. **THE AWARD WILL BE OFFSET BY THE CLAIMANT'S POLICY LIMITS AVAILABLE TO HIM AT THE TIME OF THE FIRE, AND NOT WHAT THE INSURANCE CARRIER PAID TO THE CLAIMANT AS A RESULT OF THE FIRE**". This has been replaced by a Personal Property Eligibility Criteria dated 5/20/22 that is missing the critical page 12, section 6.

Claimant is due the limits (\$340,000) offset by what he was paid (\$168,333.00). Claimant is due \$171,667.00. There are additional benefits he was entitled to under the policy, such as Replacement Cost, Depreciation in Value and Loss of Use to mention just a few. Further, the clear language of the Trust Agreement controls here.

"Additionally, the Trust has agreed to offset the amount paid rather than the full policy limit". What further despicable behavior is this? With whom has the Trust agreed to offset the amount paid rather than the full policy limit? Claimant is not a Napa Valley Winery or other lucrative small business seeking recovery of lost or potential profits. He lost everything he ever owned or mattered in his life and the Trust continues to nickel and dime him and delay any payment.

Further, the Trustee is conscripted by the language of Section 2.6 (d) which states, "The Trustee shall establish procedures to assist Claimants to recover the full amount due to Claimant under the applicable insurance policy, **WHERE THE CLAIMANT REQUESTS THE ASSISTANCE**". When Claimant sought help back in 09/20 and the multiple times after that he was entitled to that help, which to this day has not been forthcoming. Accordingly, Defendant has waived its right to offset the amount paid instead of the policy limits.

G. Conclusion

A brief recap of the sequence of grossly negligent behavior that was perpetrated against Claimant and an unknown number of Fire Victims:

1. Allowed a year to go by before issuing a defective Deficiency Notice seeking documents that had been available in the Portal for a year;
2. Did not return multiple phone calls simply requesting information concerning the status of the claim process;
3. Did not attend scheduled meetings nor provide relevant information;
4. Intentionally providing inaccurate and misinformation without adequate reason;

Claimant Enrique Galvez
Appeal Narrative Re: Insurance Claim #50006

5. Allowed another eight months to go by before issuing Amended Deficiency Notices again seeking documents that have been available in the Portal since September of 2020;
6. Intentional violation of Section 2.6 (Available Insurance Recoveries) of the controlling Trust Agreement;
7. Intentional violation of Section 2.6 (d) of the controlling Trust Agreement;
8. The intentional switching of the 10/5/21 Personal Property Eligibility Criteria (Document #1751067), with the altered 5/20/22 Personal Property Eligibility Criteria (Document #1751068)

The Trustees failure to discharge her duty under both the Trust Agreement and the 10/5/21 Personal Property Eligibility Criteria, is a critical omission in the Trustees duty to act on behalf of the beneficiaries and a breach of her fiduciary duties. Claimant followed the rules only to be ignored and, for all intents and purposes, prevented from his rightfully calculated recovery. The switching of the 10/5/21 Personal Property Eligibility Criteria (Document #1751067), with the altered 5/20/22 Personal Property Eligibility Criteria (Document #1751068) was a premeditated act of criminal behavior and part of a well designed criminal enterprise. These bad faith and grossly negligent actions are willful in nature, thus negating the Trustees protection as an indemnified individual. Claimant is entitled to delay and punitive damages (normally three times actual damages) and requests that an investigation be undertaken to determine the depth of the fraud undertaken by the trust employees.

Claimant refuses to believe that Ms. Yanni was aware of or participated in this vile and despicable behavior. Regardless, Ms. Yanni remains strictly liable for the actions of her employees. Claimant finds it quite unlikely that these criminal dirt bags would engage in such criminally risky behavior for a \$40.00 temporary job. There had to have been a motivating force, a monetary incentive.

Claimant has suffered emotionally, mentally and financially as a direct result of this grossly negligent criminal behavior on the part of the Trust employees. Accordingly, nothing short of a fair and judicious resolution firmly based on the relevant provisions of the Trust Agreement and California law will deter Claimant from bringing the Trustee in front of a jury.

Respectfully Submitted,

Claimant Enrique Galvez

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May 20, 2003

I. Introduction

Claimant has submitted a Claim for Chronic Post Traumatic Stress Disorder (PTSD), along with Depression, Anxiety, and Panic Disorder. Please note that "Emotional Distress" is not listed amongst the mental injuries stated above and for obvious and logical reasons. PG&E, in an attempt to conflate and confuse would have one believe that emotional distress is a necessary component of PTSD. This is not the case under California law and is an obvious attempt to lump each and every possible independent mental injury claim recognized under California law into the two emotional distress categories whose sole purpose was to address the short term mental anguish associated with having to evacuate or shelter-in-place from a recognized Zone of Danger. Further, the Trust was to consider damages for annoyance and discomfort to the loss of use or substantial interference with the use and enjoyment of property that a Claimant had a right to occupy at the time of the Fire (this has been established), loss of community (Claimant moved to Sacramento), or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire (he lost everything he ever owned, including the urn that contained the remains of his beloved grandmother).

These two pre-developed emotional distress categories were not intended to be a catch all for every mental injury claim that one may be exposed to. On the contrary, the plain nature of the guidelines themselves defines that the emotional distress contemplated here must be related to the Zone of Danger or Nuisance as defined.

A. The Issue as Stated in the Explanation of Denial

What is the Issue?

"To be eligible for compensation for a Personal Injury Claim, the Fire must have been a substantial contributing factor causing your physical bodily injury."

PG&E again attempts to bifurcate then conflate separate issues into some symbiotic entity unable to survive without the other (Personal Injury & Physical Bodily Injury). PTSD is well established and statutorily recognized in California ("Fighting Post Traumatic Stress Disorder Act of 2023") as an independent mental injury grounded in anxiety and panic disorders, of which emotional distress plays no role. Accordingly, attempting to compel a Personal Injury claim to only be compensable should it be accompanied by a physical bodily injury is without merit and contrary to California law.

Under the legal definition of personal injury, a personal injury occurs when a person's body, mind, or emotions are injured as a result of the negligence, carelessness, or wrongful conduct of another person. Thus, in California, a personal injury does not need to be accompanied by a physical bodily injury. This is further supported by

Claimant's psychiatrist who stated, "According to the Diagnostic and Statistical Manual of Mental Disorders, a diagnosis of PTSD does not require a patient to have endured direct and/or physical trauma." (Document # 1594450)

B. How to Address the Issues in the Explanation of Denial

How to Address these Items

"Claims only for Emotional Distress are considered under the Emotional Distress Category and are not are not independently compensable as a Personal Injury Claim, as there is no assertion of a physical bodily injury."

PG&E attempts to assert that a claim for PTSD is only a Claim for Emotional Distress which must be considered under some unidentified "Emotional Distress Category." There is no single "Emotional Distress Category." The emotional distress categories were designed with narrow utility, developed to address the emotional distress caused by the forced evacuation and shelter-in-place (Zone of Danger) requirements and to consider damages for annoyance and discomfort for the loss of use or substantial interference with the use and enjoyment of property that a Claimant had a right to occupy at the time of the Fire, loss of community, or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire (Nuisance).

Further, the statement continues to assert that "PTSD is not compensable as a Personal Injury Claim, as there is no assertion of a physical bodily injury." As previously stated and is well established in California and supported by Claimants psychiatrist (Document #1594450), PTSD and other mental injuries need not have required the patient to have endured direct and/or physical trauma.

Even if *arguendo*, the policy did require a patient to have endured direct and/or physical trauma in order to receive compensation has in essence been rendered moot because PG&E has now determined that Claimant suffered "smoke inhalation". (Document #1653069, pg. 8) An argument set forth by Claimant since day one.

II. The 17 Symptoms of PTSD Recognized by Practitioners and the Anxiety and Depression Association of America (ADAA).

It is important to note and understand PG&Es intentional attempt to yet again conflate emotional distress into the complex and multi-symptom PTSD. Just a cursory review of the 17 symptoms below shows the numerous, diverse and persistence of symptoms that exist at the same time, creating a much more severe mental state than the short term mental anguish created by some occasional distress. The Claims administrator performed this analysis with the sole purpose of yet again depriving Claimant of the compensation he is entitled to. Claimant is entitled to delay and punitive damages.

1. Intrusive Thoughts

Intrusive thoughts are part of the re-experiencing category of PTSD symptoms. They are unwanted and, sometimes, unexpected thoughts a person may experience about the traumatic event. The Anxiety and Depression Association of America (ADAA) explains that intrusive thoughts are “stuck” thoughts that can cause distress. The ADAA also states that these thoughts do not necessarily reflect a person’s desires. Most people do not act on their intrusive thoughts.

2. Nightmares

For many people, nightmares are a hallmark symptom of PTSD. According to a 2018 review, around 72% people with PTSD experience them. According to the U.S. Department of Veterans Affairs (VA), people with PTSD who experience nightmares have a higher risk of suicidal thoughts or attempts. Prolonged and intense sensations of anxiety and fear may occur when waking from these nightmares. This can lead to difficulty in returning to sleep. Nightmares can also lead to avoidance behavior before bedtime, including staying up late or leaving the lights on. This can cause insomnia and daytime dysfunction.

3. Avoidance of Reminders

Avoidance is one of the main categories of symptoms of PTSD. Many people with PTSD may avoid certain factors they believe may trigger their symptoms. This may include: people, places, activities, and objects. They may also avoid thinking about or remembering the event. Many people may resist talking about it or how they feel as well.

4. Memory Loss

Memory loss is common among people with PTSD. It often relates to details of the traumatic event.

5. Negative Thoughts

A person with PTSD has more negative thoughts about themselves and others than before the traumatic event. While these thoughts are common among people who have experienced trauma, they can also worsen or trigger other symptoms. Negative thoughts usually include feeling guilt or shame over the event or believing the world is dangerous and people cannot be trusted.

6. Self-Isolation and Distancing

Social isolation is another possible symptom of PTSD. Avoiding possible triggers and thoughts, and avoiding talking about the traumatic event, can cause a person with PTSD to distance themselves from others. They may also feel as though they are detached or estranged from other people due to the trauma.

7. Anger and Irritability

The heightened level of arousal associated with PTSD can also lead to feelings of anger or irritability. This may include angry outbursts. This anger can increase over time in people with PTSD. This may increase other symptoms as well. People with PTSD had a higher frequency of hostile or irritable feelings than those without the condition. People with PTSD may also be more likely to have feelings of irritation at any given time.

8. Loss of Interest in Pleasurable Activities

People with PTSD find they lose interest in activities they once found pleasure in. They may have little or no desire to take part in these activities. People with PTSD feel distant from others. This can lead to a loss of interest in sexual activities as well. PTSD can have lasting effects on relationships.

9. Hyper-arousal

People with PTSD may feel on edge, anxious, and find it difficult to relax, aka hyper arousal. A person experiencing hyper arousal feels: jittery, as though they are always alert, as if they have to be on the lookout for danger.

10. Difficulty Concentrating

Other symptoms of PTSD, such as hyper arousal and sleep issues, can also lead to difficulty concentrating. A person with PTSD may have issues paying attention during conversations, activities, or at work.

11. Insomnia

There are various ways PTSD can disrupt sleep. These include: avoiding sleep, losing sleep time, increasing arm and leg movements, talking during sleep, feeling on alert or on edge, being unable to relax, having difficulty with silence. Insufficient sleep effects one both physically and mentally.

12. Flashbacks

Flashbacks are when a person relives the traumatic event. This can include physical symptoms, such as sweating and an increased heart rate. Flashbacks can be vivid enough the person feels they are seeing the event before their eyes.

13. Difficult Beliefs or Feelings

People with PTSD experience difficult beliefs or feelings. These include: feeling unable to trust others, feeling as though nowhere is safe, blaming themselves for the event, feeling as though no one understands, having persistent and overwhelming feelings of anger, shame, or guilt.

14. Casting Blame

PTSD causes people to cast blame on themselves or others for the event and the consequences that follow it. This blame is often both persistent and distorted. Unjustly blaming oneself or others for a traumatic event falls into the PTSD symptom category of alterations to mood and cognition.

15. Difficulty Feeling Positive Emotions

A person with PTSD finds it difficult to experience positive emotions. As part of their avoidance; some people with PTSD may also experience emotion numbing. This is when a person attempts to cope with their feelings by not feeling anything at all. This can lead to social withdrawal and isolation.

16. Exaggerated Startled Response

People with PTSD can be easily startled or have an exaggerated response to being startled. This may be partly due to the body's inability to relax and the person's need to be constantly aware of their surroundings.

17. Engaging in Behaviors that may be Harmful

Hyper-arousal, sleep issues, and avoidance can lead a person with PTSD to engage in behaviors that may be harmful or self-destructive. These behaviors may include: drug or alcohol misuse, driving recklessly, self-harm, and smoking.

It is important to note that no where amongst these 17 well recognized and accepted symptoms of PTSD is emotional distress. In the aggregate, these 17 symptoms create an unpredictable and dangerous mental state of which emotional distress plays no part.

III. Claimant has Provided Adequate Evidence to Satisfy the PTSD Elemental Requirements of California Law.

Claimant has provided documentary evidence as follows:

Expert Diagnosis and Testimony –

1. Document #160993, October 16, 2019 Letter from Claimants General Practitioner diagnosing Claimant with PTSD;
2. Document #848962, June 30, 2021 Letter from Claimants Psychiatrist diagnosing Claimant with PTSD and Anxiety Disorder;
3. Document #1594450, Undated letter from Claimants Psychiatrist confirming previous diagnosis and stating that PTSD and other mental

Claimant Enrique Galvez
Appeal Narrative Re: PTSD Claim # 50010

injuries need not have required the patient to have endured direct and/or physical trauma;

4. Document #438131, Undated letter from Claimants Psychiatrist re: status of treatment and requirement for many more counseling sessions;
5. Document #176332, September 23, 2020, Letter from Life Coach confirming PTSD diagnosis

Supporting Statements –

6. Document #163451, August 20, 2020, Statement by Claimant in Support of PTSD diagnosis;
7. Document #160995, August 6, 2020, Statement by Claimants Sister in Support of PTSD diagnosis;
8. Document #160996, August 6, 2020, Statement by Claimants Friend in Support of PTSD diagnosis;
9. Document #160997, August 6, 2020, Statement by Claimants Friend in Support of PTSD diagnosis;

Claimant has presented Expert Diagnosis and Supporting Declarations which, under California law, adequately support a claim of Post Traumatic Stress Disorder.

IV. Conclusion

PG&E will conflate, confuse and misinform in its quest to cheat the Fire Victims out of the compensation they are rightfully entitled to. It isn't enough that they have reduced litigants in a law suit to creditors in a bankruptcy case essentially insuring that they will never be made whole. They instead have engaged in criminal behavior targeting vulnerable unrepresented victims.

Further, PG&E has persistently attempted to conflate emotional distress as a necessary component of PTSD. This flies in the face of well accepted legal precedent in California and is a flagrant attempt to escape their responsibility to compensate Fire Victims in a fair and judicious manner. The record is replete with PTSD cases where there was no accompanying physical bodily injury, yet the award was in excess of 8 million. Claimant is entitled to past, present and future damages for this PTSD claim, as well as delay and punitive damages.

Respectfully Submitted,

Enrique Galvez

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May 30, 2023

I. Introduction

Defendant has initially denied Claimants assertion on the grounds that “the submitted records do not establish that the fire was a substantial contributing factor causing the physical injuries. Therefore, this injury is not eligible for compensation from the Fire Victim Trust.”

Yet, PG&E has now determined that Claimant suffered from smoke inhalation and determined that it had a \$250 value. This realization has provided support for Claimants allegation that since it had been determined, after administering multiple sepsis protocols consisting of detailed visual inspections of Claimants body to search for any break or wound in his skin that would explain the Necrotizing fasciitis that was discovered in his body. This particular bacterial infection makes its way into the blood system through a break or wound in the skin.

Science dictates that bacterial infections are limited to just two ways of entering the body and causing a blood infection: either through an opening in the skin or through the respiratory system. Defendant suffered from a life threatening and rare infection that was facilitated by the fatal levels of toxic and poisonous particulates released into the atmosphere as a direct result of the fires high temperatures, so hot that engine blocks, steel street light posts and masonry block were melted.

Claimant began experiencing pain and swelling in his lower right leg. He returned to work after the fires but the constant pain and discomfort made it difficult to discharge his managerial duties and he struggled (*physically & mentally*), resorting to using crutches to get through his shifts. Finally, the pain became unbearable and, on *December 1, 2017* he presented himself at the Emergency Room at Sutter Hospital in Santa Rosa. (*Document #160998*) Claimant underwent numerous imaging and lab tests, as well as related procedures. The diagnosis was that Claimant had *subcutaneous edema* in his lower right leg, caused by *abnormal fluid retention in the tissues of the lower extremities*. Because of this diagnosis, Claimant underwent further testing as per a sepsis protocol (*Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its tissues and organs. This initial stage is followed by suppression of the immune system. Common signs and symptoms include fever, increased heart rate, increased breathing rate, and confusion.*) As part of this protocol, hospital staff conducted several extensive visual examinations of the exterior of his body in search of any wound or open area that would have provided an opportunity for *bacteria* to enter and facilitate the infection. *There were none!*¹ Claimant was given intravenous antibiotics and sent home pending results of further lab work. (*Document #160998*)

¹ **It is important to note the significance of this.** This bacterium traditionally makes its way into the body and into the bloodstream through a break or open wound in the skin. In Claimant's case, his physicians opined that toxic particulates from the fires entered through his respiratory system.

Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

The hospital called Claimant on *December 4, 2017*, and demanded that he return to the Emergency Room immediately because of alarming lab results. Upon arrival, Claimant received an infectious disease consultation and assessment. Claimant had contracted several serious infections as follows:

1. **MSSA Bacteremia** - *MSSA, or methicillin - susceptible Staphylococcus aureus, is an infection caused by a type of bacteria commonly found on the skin. It is also called a staph infection. Bacteremia - is the presence of bacteria in the bloodstream that are alive and capable of reproducing. It is a type of bloodstream infection;*

2. **Right Knee Infection with Abscess** - *An abscess is an infection characterized by a collection of pus underneath a portion of the skin. Bacteria commonly causing abscesses are Staphylococcus aureus and Streptococcus. This bacterium normally enters the skin through any cracks or injury to the skin;*

3. **Necrotizing Fasciitis** - *Necrotizing fasciitis, often referred to as "flesh eating bacteria", is a severe bacterial infection that destroys muscles, skin, and underlying tissue. It can be deadly if not treated quickly. The word "necrotizing" refers to something that causes body tissue to die. Necrotizing soft tissue infection develops when the bacteria enters the body. The bacteria begin to grow and release harmful substances (toxins) that kill tissue and affect blood flow to the area. As the tissue dies, the bacteria enter the blood and rapidly spread throughout the body."*

Claimant's condition was life threatening and required immediate surgical intervention to remove abscessed, dead and infected muscle and tissue. This is known as "*Surgical Debridement.*" *Debridement* is defined as "*the removal of sequester and resection of infected bone and soft tissue to improve the healing potential of the remaining healthy tissue.*" Adequate surgical debridement is the prerequisite for the successful treatment of skin, soft tissue, and bone infections. When *Necrotizing Fasciitis* is present such *fascia* must be excised with a scalpel until bleeding from small vessels appears. This is vital in life-threatening *necrotizing fasciitis*, where the only chance of survival is to remove the *necrotic fascia* completely. This often involves extensive incisions and the removal of virtually all *fascia* of the involved extremity. Had it not been for the rapid response of the staff at Sutter Hospital, Claimant would have died.

Accordingly, Claimant underwent *debridement* of his right leg and a 3 compartment *synovectomy*. A *synovectomy* is a surgical procedure used to treat *synovitis* (*inflammation*) and some other conditions that affect the *synovium*, a *thin membrane that lines the inside of "synovial joints"*, which in Claimant's case was his knee. The immediate cause of the swelling and pain is usually inflammation and excessive growth of the *synovium*. In a *synovectomy* procedure, much of the *synovium* is removed, as in Claimant's case.

During the procedure, inflamed *synovium* was *resected* (*surgical removal of part of an organ or other body part.*), a drain was sewn in place to the skin to avoid inadvertent dislodgement and an 8 cm incision was made midway between the knee and

Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

ankle causing large amounts of purulent fluid to flow from the wound, which was copiously irrigated with sterile saline solution. Claimant was placed in the ICU for 1 day and remained in the hospital until he was discharged on *December 7, 2020*. This period in the hospital, without which Claimant surely would have died, was assessed \$80,000.00. (*Document #160999*)

Claimant then underwent 6 weeks of painful outpatient care that was comprised of daily injections of antibiotics and pain medication, as well as daily cleansing and monitoring of the wound. This level of care management is required when treating a “*flesh eating bacteria*” and was assessed \$30,200.00 (*Document #160100*) When this care was completed, Claimant could not return to work immediately as the wound needed time to heal and he needed to attend, for a period of time (*at that point not yet determined*) physical therapy to regain the strength in his smashed and deformed leg. He began physical therapy on *January 2, 2018* and it lasted until *April 4, 2018*, at a cost of \$7,200.00 (*Document #161001*) His therapists concluded that further therapy was of no benefit to Claimant and the hope was that over time increasing use would aid in returning his leg to the strength that existed prior to contracting the deadly infection. As of this writing, Claimant’s leg has not improved and he has resorted to using a cane daily in order to navigate the day. (*Document #161002*)

Because of the manner in which he contracted the flesh eating bacteria, that is through his respiratory system, it was impossible to accurately measure the advancement of the bacterium thus creating a challenge for the surgeon. Claimants Chiropractor has opined that, as a result of the surgery, Claimant will suffer from persistent low back and neck pain as a result of ligament reduction in his right leg. As a result of significant changes in his gait, it is contributing to misalignments of his spine, muscle spasms in his back and persistent headaches. Claimant faces much treatment. (*Document #1416985*)

To date, Claimant has received little treatment because he is living in poverty, unable to work and does not have access to the resources needed to address his mental and physical ailments. PG&E should be liable for delay damages.

II. In California, the Parties to a Personal Injury Claim have Mutual Obligations to Mitigate Damages

Claimant is living in poverty as a result of the fires, can’t get work in his old career due to the physical and mental injuries he sustained as a direct result of PG&E’s grossly negligent and reckless behavior, he is homeless forced to sleep on his sister’s couch, and has no resources to get the additional medical and mental services he so desperately needs. If not for help from his family, charity, professional courtesies and his extreme need for these services, he would be undone.

Yet, despite his complete lack of resources and having no funds needed to obtain the much required physical and mental health assistance he needs, he has found a way to discharge his obligation to mitigate any damages.

PG&E, the tortfeasor, is the party with superior resources and has already been found

Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

to be responsible for the fires and all the damages it has caused. "The duty to minimize damages does not require an injured person to do what is unreasonable or impracticable, and, consequently, when expenditures are necessary for minimization of damages, the duty does not run to a person who is financially unable to make such expenditures." (*Valencia v. Shell Oil Co. (1944) 23 Cal.2d 840, 846*) "The burden is on defendant to establish matters asserted by him in mitigation or reduction of the amount of plaintiff's damage, and defendant here has not met that burden." (*McNary v. Hanley (1933) 131 Cal. App. 188, 190*)

III. Conclusion

The claims by PG&E that the medical records do not support the claimed injury are without merit. The results of the numerous bodily inspections were recorded in the medical record and they confirm that medical staff was UNABLE to identify any break in the skin or similar wound that could have facilitated any of the bacterium infections that Claimant dealt with. Here are the locations within the medical record that memorialize the results of the visual inspections:

1. *Document #160998, Page 21, "Skin was intact except for needle aspiration mark from today";*
2. *Document #160998, Page 32, "Skin positive for color change. Negative for wound";*
3. *Document #160998, Page 42, "Skin was intact except for surgical site";*
4. *Document #160998, Page 47, "Skin without any ecchymosis, bruises or rashes".*

The record indicates that despite numerous and detailed examinations, hospital staff were unable to find the traditional exterior entry point for the variety of bacteria that infected Claimant. Thus, basic science answers our question in that since a wound was not discovered, Claimant could only have contracted these bacteria through his respiratory system. Thus, the record firmly supports that Claimant was infected with toxic bacteria that was living in the wild fire smoke (See article below concerning this subject)

Further, PG&E has now conceded that Claimant suffered from smoke inhalation. It follows that the infection was delivered into Claimants bloodstream via the smoke he inhaled. It goes beyond the pale that PG&E would defend the position that the smoke, which was a level of toxicity never before seen, played no role in Claimants injury. In the article below, the author tells us that several of the bacteria identified in Claimant were discovered in smoke that was tested. There is a casual connection.

Lastly, Claimant was infected by four different bacteria. The odds of contracting 4 different bacteria randomly with no common source are astronomical. It was his contact with smoke in different geographical locations that provided a pool of various bacteria. PG&E conceded that "medical records confirm that Claimant had a life threatening infection in his knee."

Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

Claimant is entitled to past, current, future and delay damages for the injuries he suffered as a result of the toxic and poisonous smoke created by the fires caused by PG&Es negligent behavior.

Respectfully Submitted,

Enrique Galvez

Wildfire smoke can carry microbes that cause infectious diseases.

(Sacramento)

Wildfire smoke contains microbes, a fact that's often ignored, but one that may have important health repercussions.



Smoke from wildfires carry microbes that can cause diseases.

In an article to be published Dec. 18 in *Science*, Leda Kobziar and George Thompson call the attention of the scientific community to the health impacts of wildfire smoke's microbial content.

Smoky skies caused by woodland fires are becoming seasonal norms, especially in some parts of the United States and Australia. In 2020, raging wildfires in the Western U.S. have set new records and led to extremely unhealthy or hazardous air quality levels for many weeks in a row.

Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

It's well-documented that exposure to wildfire smoke can damage the heart and lungs. Respiratory allergic and inflammatory diseases, including asthma and bronchitis, are also worsened by smoke exposure.

"The health impact of inhaling wildfire smoke increases dramatically during high-emissions wildfires and with long exposure," said **Kobziar**, associate professor of Wildland Fire Science at the University of Idaho. "Yet, the risk of infection to the respiratory tract after this exposure is frequently overlooked."

What role do microbes in wildfire smoke play in the spread of disease?

Wild land fire is a source for bioaerosol, airborne particles made of fungal and bacterial cells and their metabolic byproducts. Once suspended in the air, particles smaller than 5 μm can travel hundreds or even thousands of miles. Their movement depends on the fire behavior and the atmospheric conditions. Eventually, they are deposited or inhaled.

Bacteria and fungi can be transported in these wild land fire smoke emissions. While microbial concentration in smoke is higher near the fire source, these microbes may be active agents spreading infection. For example, coccidioidomycoses - a fungus that becomes airborne when soils are disturbed- is the cause of Valley fever, a potentially serious infection. Further, tests of the wildfire smoke revealed traces of *Staphylococcus aureus*, a bacteria discovered by the smoke testing.

"We don't know how far and which microbes are carried in smoke," said Thompson, associate professor of Clinical Medicine at UC Davis. "Some microbes in the soil appear to be tolerant of, and even thrive under, high temperatures following wildfires."

As Kobziar explained, "At the scale of a microbe, fire behavior research has shown that heat flux is highly variable, so it may be that many microbes aren't even subjected to the high temperatures for very long. They may also be protected in small clusters of particulate matter."

Kobziar and Thompson proposed a multidisciplinary approach to understanding the nature of the relationship between microbes, wildfire smoke and health. The complexity of the phenomenon calls for the expertise of scientists from different fields such as fire ecology, environmental microbiology, epidemiology, atmospheric sciences and public health and infectious disease.

"With longer wildfire seasons and higher severity trends, there is an urgency to work together in studying the behavior of the microbes carried by the smoke and their impact on human health," Thompson said.

[**Article:** Kobziar & Thompson, (2020). Wildfire smoke: A potential infectious agent, Science, DOI: 0.1126/science.abe8116]

May 30, 2023

I. Introduction

Defendant has initially denied Claimants assertion on the grounds that “the submitted records do not establish that the fire was a substantial contributing factor causing the physical injuries. Therefore, this injury is not eligible for compensation from the Fire Victim Trust.”

Yet, PG&E has now determined that Claimant suffered from smoke inhalation and determined that it had a \$250 value. This realization has provided support for Claimants allegation that since it had been determined, after administering multiple sepsis protocols consisting of detailed visual inspections of Claimants body to search for any break or wound in his skin that would explain the Necrotizing fasciitis that was discovered in his body. This particular bacterial infection makes its way into the blood system through a break or wound in the skin.

Science dictates that bacterial infections are limited to just two ways of entering the body and causing a blood infection: either through an opening in the skin or through the respiratory system. Defendant suffered from a life threatening and rare infection that was facilitated by the fatal levels of toxic and poisonous particulates released into the atmosphere as a direct result of the fires high temperatures, so hot that engine blocks, steel street light posts and masonry block were melted.

Claimant began experiencing pain and swelling in his lower right leg. He returned to work after the fires but the constant pain and discomfort made it difficult to discharge his managerial duties and he struggled (*physically & mentally*), resorting to using crutches to get through his shifts. Finally, the pain became unbearable and, on *December 1, 2017* he presented himself at the Emergency Room at Sutter Hospital in Santa Rosa. (*Document #160998*) Claimant underwent numerous imaging and lab tests, as well as related procedures. The diagnosis was that Claimant had *subcutaneous edema* in his lower right leg, caused by *abnormal fluid retention in the tissues of the lower extremities*. Because of this diagnosis, Claimant underwent further testing as per a sepsis protocol (*Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its tissues and organs. This initial stage is followed by suppression of the immune system. Common signs and symptoms include fever, increased heart rate, increased breathing rate, and confusion.*) As part of this protocol, hospital staff conducted several extensive visual examinations of the exterior of his body in search of any wound or open area that would have provided an opportunity for *bacteria* to enter and facilitate the infection. *There were none!*¹ Claimant was given intravenous antibiotics and sent home pending results of further lab work. (*Document #160998*)

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Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

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Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

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Claimant is living in poverty as a result of the fires, can’t get work in his old career due to the physical and mental injuries he sustained as a direct result of PG&Es grossly negligent and reckless behavior, he is homeless forced to sleep on his sister’s couch, and has no resources to get the additional medical and mental services he so desperately needs. If not for help from his family, charity, professional courtesies and his extreme need for these services, he would be undone.

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Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

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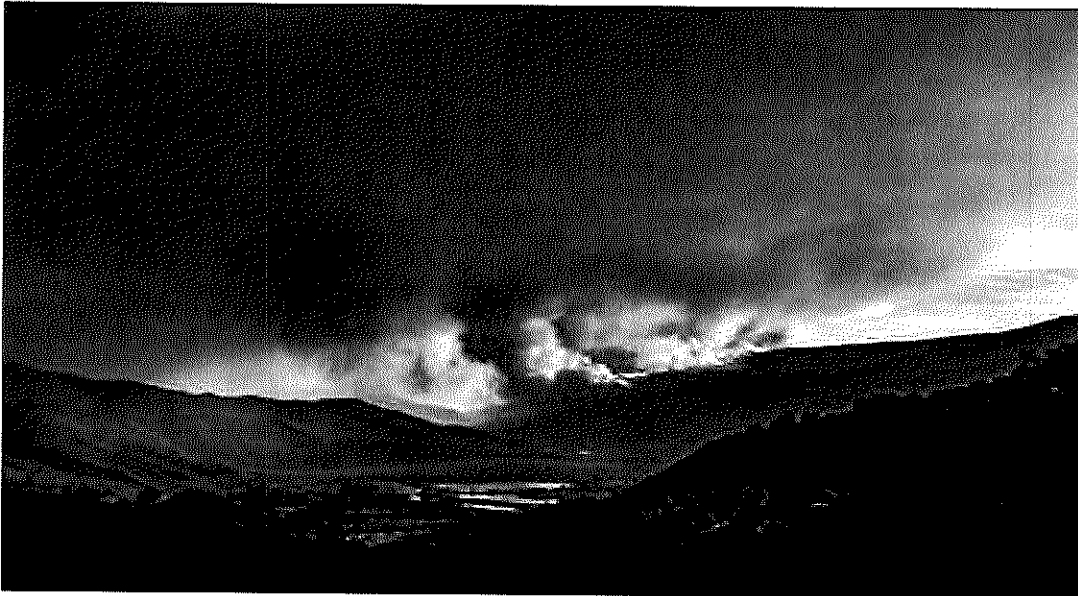
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Enrique Galvez

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Claimant Enrique Galvez
Appeal Narrative Re: Personal Injury Claim 50010

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"We don't know how far and which microbes are carried in smoke," said Thompson, associate professor of Clinical Medicine at UC Davis. "Some microbes in the soil appear to be tolerant of, and even thrive under, high temperatures following wildfires."

As Kobziar explained, "At the scale of a microbe, fire behavior research has shown that heat flux is highly variable, so it may be that many microbes aren't even subjected to the high temperatures for very long. They may also be protected in small clusters of particulate matter."

Kobziar and Thompson proposed a multidisciplinary approach to understanding the nature of the relationship between microbes, wildfire smoke and health. The complexity of the phenomenon calls for the expertise of scientists from different fields such as fire ecology, environmental microbiology, epidemiology, atmospheric sciences and public health and infectious disease.

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[**Article:** Kobziar & Thompson, (2020). Wildfire smoke: A potential infectious agent, Science, DOI: 0.1126/science.abe8116]

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NOTICE OF TRUSTEE DETERMINATION

DATE OF NOTICE: 10/10/2023

I. INTRODUCTION

This Notice is an official communication from the Claims Processor for the Fire Victim Trust. The Fire Victim(s) identified in Section II below submitted an appeal as described in Section III below from the Claims Administrator's Reconsideration Determination. The Appeals Neutral assigned to hear this appeal issued their recommendation(s) to the Trustee. After considering the Appeals Neutral's recommendation(s), the Trustee made the final determination(s) set out in Section IV below.

II. FIRE VICTIM INFORMATION

Claimant(s):	Enrique Galvez
CQ ID:	10012510
Law Firm:	Pro Se

III. CLAIM(S) APPEALED

Claim ID	Claim Type	Pre-Appeal Claims Administrator Reconsideration Determination
50006	Real and Personal Property	\$21,578.07 (Subject to ownership percentage and Pro Rata Distribution)
50009	Emotional Distress - Zone of Danger	\$25,000.00 (Subject to ownership percentage and Pro Rata Distribution)
50010	Personal Injury	\$250.00 (Subject to ownership percentage and Pro Rata Distribution)
51475	Emotional Distress - Nuisance	\$30,000.00 (Subject to ownership percentage and Pro Rata Distribution)

IV. TRUSTEE DETERMINATION(S)

Claim ID	Claim Type	Trustee Determination
50006	Real and Personal Property	\$21,578.07 (Subject to ownership percentage and Pro Rata Distribution)
Trustee Rationale:	The Trustee approves the Appeals Neutral's determination.	
Appeals Neutral Rationale:	Claimant was in Bakersfield when the fire occurred, but returned the next day to find his neighborhood and stored personal property destroyed. His Zone of Danger and Nuisance tiers are correct, and the trust credited him with more for personal property loss than he claimed from his insurance carrier, so his appeal from those claims fails. He also appeals his P.I. award, claiming PTSD and a life threatening leg infection, but medical records attribute the infection to "no apparent cause." [Doc ID 160993]. The fire occurred on 10/08/17; he presented to the ER with leg swelling and pain on 12/01/17; he was first diagnosed with PTSD on 6/08/21 with a terse medical statement giving no etiology/causation re any causative factor (fire, independent leg infection, or both.) [Doc ID 848962]. After his hearing Claimant filed a new undated psych report attributing PTSD to "witnessing the highly destructive Tubbs wildfire in 2017," but does not provide a prognosis or discuss the impact, if any, of the intervening leg infection. [Doc ID 1774635] Based on the current record Claimant's PTSD claim cannot be evaluated, the punitive damages he seeks cannot be awarded, and the Reconsideration award should remain intact.	
50009	Emotional Distress - Zone of Danger	\$25,000.00 (Subject to ownership percentage and Pro Rata Distribution)

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1 of 3

CQ ID: 10012510





NOTICE OF TRUSTEE DETERMINATION

Trustee Rationale:	The Trustee approves the Appeals Neutral's determination.	
Appeals Neutral Rationale:	Claimant was in Bakersfield when the fire occurred, but returned the next day to find his neighborhood and stored personal property destroyed. His Zone of Danger and Nuisance tiers are correct, and the trust credited him with more for personal property loss than he claimed from his insurance carrier, so his appeal from those claims fails. He also appeals his P.I. award, claiming PTSD and a life threatening leg infection, but medical records attribute the infection to "no apparent cause." [Doc ID 160993]. The fire occurred on 10/08/17; he presented to the ER with leg swelling and pain on 12/01/17; he was first diagnosed with PTSD on 6/08/21 with a terse medical statement giving no etiology/causation re any causative factor (fire, independent leg infection, or both.) [Doc ID 848962]. After his hearing Claimant filed a new undated psych report attributing PTSD to "witnessing the highly destructive Tubbs wildfire in 2017," but does not provide a prognosis or discuss the impact, if any, of the intervening leg infection. [Doc ID 1774635] Based on the current record Claimant's PTSD claim cannot be evaluated, the punitive damages he seeks cannot be awarded, and the Reconsideration award should remain intact.	
50010	Personal Injury	\$250.00 (Subject to ownership percentage and Pro Rata Distribution)
Trustee Rationale:	The Trustee agrees with, and accepts, the rationale of the Appeals Neutral.	
Appeals Neutral Rationale:	Claimant was in Bakersfield when the fire occurred, but returned the next day to find his neighborhood and stored personal property destroyed. His Zone of Danger and Nuisance tiers are correct, and the trust credited him with more for personal property loss than he claimed from his insurance carrier, so his appeal from those claims fails. He also appeals his P.I. award, claiming PTSD and a life threatening leg infection, but medical records attribute the infection to "no apparent cause." [Doc ID 160993]. The fire occurred on 10/08/17; he presented to the ER with leg swelling and pain on 12/01/17; he was first diagnosed with PTSD on 6/08/21 with a terse medical statement giving no etiology/causation re any causative factor (fire, independent leg infection, or both.) [Doc ID 848962]. After his hearing Claimant filed a new undated psych report attributing PTSD to "witnessing the highly destructive Tubbs wildfire in 2017," but does not provide a prognosis or discuss the impact, if any, of the intervening leg infection. [Doc ID 1774635] Based on the current record Claimant's PTSD claim cannot be evaluated, the punitive damages he seeks cannot be awarded, and the Reconsideration award should remain intact.	
51475	Emotional Distress - Nuisance	\$30,000.00 (Subject to ownership percentage and Pro Rata Distribution)
Trustee Rationale:	The Trustee approves the Appeals Neutral's determination.	
Appeals Neutral Rationale:	Claimant was in Bakersfield when the fire occurred, but returned the next day to find his neighborhood and stored personal property destroyed. His Zone of Danger and Nuisance tiers are correct, and the trust credited him with more for personal property loss than he claimed from his insurance carrier, so his appeal from those claims fails. He also appeals his P.I. award, claiming PTSD and a life threatening leg infection, but medical records attribute the infection to "no apparent cause." [Doc ID 160993]. The fire occurred on 10/08/17; he presented to the ER with leg swelling and pain on 12/01/17; he was first diagnosed with PTSD on 6/08/21 with a terse medical statement giving no etiology/causation re any causative factor (fire, independent leg infection, or both.) [Doc ID 848962]. After his hearing Claimant filed a new undated psych report attributing PTSD to "witnessing the highly destructive Tubbs wildfire in 2017," but does not provide a prognosis or discuss the impact, if any, of the intervening leg infection. [Doc ID 1774635] Based on the current record Claimant's PTSD claim cannot be evaluated, the punitive damages he seeks cannot be awarded, and the Reconsideration award should remain intact.	

V. FINAL CQ OUTCOME

Claim ID	Claim Type	Final Amount (Subject to Pro Rata Distribution)
50006	Real and Personal Property	\$21,578.07



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2 of 3

CQ ID: 10012510



NOTICE OF TRUSTEE DETERMINATION

50007	Real and Personal Property	\$0.00
50008	Personal Income Loss	\$3,000.00
50009	Emotional Distress - Zone of Danger	\$25,000.00
50010	Personal Injury	\$250.00
50011	Other Damages	\$0.00
50012	Other Out-of-Pocket Expenses	\$0.00
51475	Emotional Distress - Nuisance	\$30,000.00
Total		\$79,828.07

VI. IMPORTANT INFORMATION ABOUT APPEALS, PAYMENTS AND LIENS

Appeal: The Trustee's Determination above is final, binding, and non-appealable and is not subject to review by any Court.

Pro Rata Payments: Click [here](#) to read about the payment information required from each Fire Victim before the Trust can pay any pro rata amounts allowed under this Trustee Determination Notice, and the methodology for issuing pro rata payments on Approved Claims.

Credits, Liens and Taxes: Click [here](#) to read about any amounts the Trustee is required to deduct from this determination as required under Article XII of the Claims Resolution Procedures. Go to your Portal to see live information about any medical reimbursement obligations and to determine your potential holdbacks or final repayment amounts for any Medicare, Medicare or private health insurance reimbursement obligations.

Minors or Incapacitated Adults: Click [here](#) to read about the Special Master review process required before the Trust can pay any amounts allowed under this Trustee Determination Notice to a Minor or Incapacitated Adult Fire Victim.



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3 of 3

CQ ID: 10012510



REAL AND PERSONAL PROPERTY APPEAL DETERMINATION REPORT

REAL AND PERSONAL PROPERTY

DATE OF REPORT: 10/10/23

I. LOSS LOCATION AND CLAIM INFORMATION

Loss Location Address:	Street 1021 Hopper Ave		Apt/Suite/Lot/Number
	City Santa Rosa	State California	Zip Code 95403-1612
	County Sonoma	APN 015-360-049-000	Fire North Bay
Claim ID:	50006		
Law Firm:	Pro Se		

II. REAL PROPERTY

A. LOSS OF USE/ADDITIONAL LIVING EXPENSE

1.	Total	\$0.00
2.	ALE/LOU Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for ALE/LOU	\$0.00
4.	ALE/LOU Compensation Amount	\$0.00

B. PERSONAL PROPERTY - CONTENTS

1.	Contents	\$184,401.93
2.	Personal Property Insurance Policy Offset	\$163,333.97
3.	FEMA Payment Offset for Essential Tools and/or Personal Property	\$0.00
4.	Personal Property Compensation Amount	\$21,067.96

C. OTHER RELATED DAMAGES

Total:	\$0.00
TOTAL AWARD - LESS SPECIFIC PERSONAL PROPERTY	\$21,067.96

D. SPECIFIC ITEMS

SPECIFIC ITEM	OWNER	AMOUNT	OFFSET	TOTAL
Total:				



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1 of 2

Claim ID: 50006
CQ ID: 10012510



REAL AND PERSONAL PROPERTY APPEAL DETERMINATION REPORT

III. SUMMARY OF CLAIM AWARD

1.	Net Claim Compensation Amount After Offsets:	\$21,067.96
2.	Net Amount After Ownership Percentage Allocation:	\$21,067.96
3.	Statutory Prejudgment Interest:	\$510.11
4.	Attorney's Fees for Inverse Condemnation:	\$0.00
5.	Aggregate Award Amount for Real Property Damages:	\$21,578.07

IV. CLAIMANT SUMMARY

	CLAIMANT NAME	TOTAL
1.	Enrique Galvez	\$21,578.07



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2 of 2

Claim ID: 50006
CQ ID: 10012510



REAL AND PERSONAL PROPERTY APPEAL DETERMINATION REPORT

REAL AND PERSONAL PROPERTY
DATE OF REPORT: 10/10/23

I. LOSS LOCATION AND CLAIM INFORMATION

Loss Location Address:	Street 4082 Sacramento Ave		Apt/Suite/Lot/Number
	City Santa Rosa	State California	Zip Code 95405-7754
	County Sonoma	APN 049-483-001-000	Fire North Bay
Claim ID:	50007		
Law Firm:	Pro Se		

II. REAL PROPERTY

A. LOSS OF USE/ADDITIONAL LIVING EXPENSE

1.	Total	\$0.00
2.	ALE/LOU Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for ALE/LOU	\$0.00
4.	ALE/LOU Compensation Amount	\$0.00

B. PERSONAL PROPERTY - CONTENTS

1.	Contents	\$0.00
2.	Personal Property Insurance Policy Offset	\$0.00
3.	FEMA Payment Offset for Essential Tools and/or Personal Property	\$0.00
4.	Personal Property Compensation Amount	\$0.00

C. OTHER RELATED DAMAGES

Total:	\$0.00
TOTAL AWARD - LESS SPECIFIC PERSONAL PROPERTY	\$0.00

D. SPECIFIC ITEMS

SPECIFIC ITEM	OWNER	AMOUNT	OFFSET	TOTAL
Total:				



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1 of 2

Claim ID: 50007
CQ ID: 10012510



REAL AND PERSONAL PROPERTY APPEAL DETERMINATION REPORT

III. SUMMARY OF CLAIM AWARD

1.	Net Claim Compensation Amount After Offsets:	\$0.00
2.	Net Amount After Ownership Percentage Allocation:	\$0.00
3.	Statutory Prejudgment Interest:	\$0.00
4.	Attorney's Fees for Inverse Condemnation:	\$0.00
5.	Aggregate Award Amount for Real Property Damages:	\$0.00

IV. CLAIMANT SUMMARY

	CLAIMANT NAME	TOTAL
1.	Enrique Galvez	\$0.00



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2 of 2

Claim ID: 50007
CQ ID: 10012510



PERSONAL INCOME LOSS APPEAL DETERMINATION REPORT

DATE OF REPORT: 10/10/23

I. PERSONAL INCOME LOSS CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Claim ID:	50008	Claim Questionnaire ID:	10012510
Law Firm:	Pro Se		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

Personal Income Loss Claims include Claims of individuals who lost wage income as a result of the Fires, to the extent permitted by California law.

After reviewing all submitted documents, the Trust has made the following determination for your asserted Personal Income Loss Claim.

Net Claim Award for Personal Income Loss:	\$3,000.00
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1 of 1

Claim ID: 50008
CQ ID: 10012510



EMOTIONAL DISTRESS - ZONE OF DANGER APPEAL DETERMINATION REPORT

EMOTIONAL DISTRESS - ZONE OF DANGER

DATE OF REPORT: 10/10/23

I. EVACUATION/SHELTER-IN-PLACE ADDRESS AND CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Evacuation/Shelter-in-place Address:	Street 4082 Sacramento Ave	Apt/Suite/Lot/Number	
	City Santa Rosa	State California	Zipcode 95405-7754
	County Sonoma	APN 049-483-001-000	Fire North Bay
Claim ID:	50009		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

The Trust considers claimants to be in the Zone of Danger if they were: (a) within the Fire perimeter, (b) and experienced emotional distress or mental anguish contemporaneous to the Fire, (c) while evacuating or sheltering-in-place as a result of the Fire.

The Trust will compare the experiences of similarly situated Claimants and issue award amounts based on whether a Claimant meets the criteria for one of the following tiers: Tier I, Tier II, Tier III, or Tier IV, with Tier I denoting severe distress, Tier II moderate, and Tiers III and IV denoting varying degrees of mild distress. The Trust will make these determinations by evaluating both (a) the conditions that a Claimant encountered while evacuating or sheltering-in-place and (b) any ongoing effects from mental health conditions that Claimants have continued to experience as a result of emotional distress or mental anguish from the Fire. The Claims Administrator, in her sole discretion, may award an additional amount if a Claimant demonstrates a catastrophic and extraordinary experience that exceeds the severe distress contemplated for a Tier I determination. Section III identifies the Trust's tier determination for your asserted Emotional Distress - Zone of Danger Claim.

III. COMPENSATION METHODOLOGY AND SUMMARY OF CLAIM AWARD

Zone of Danger Tier:	Tier 3 (Mild)
Gross Claim Compensation Amount:	\$25,000.00
Prior Payment Offsets (from Wildfire Assistance Program):	\$0.00
Net Claim Compensation Amount After Offsets:	\$25,000.00



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1 of 1

Claim ID: 50009
CQ ID: 10012510



PERSONAL INJURY APPEAL DETERMINATION REPORT

DATE OF REPORT: 10/10/23

I. PERSONAL INJURY CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Claim ID:	50010	Claim Questionnaire ID:	10012510
Law Firm:	Pro Se		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

Personal Injury Claims include Claims for physical or bodily injuries suffered by a Claimant and any related pain and suffering and/or mental anguish caused as a result of the Fires. This includes any or all Claims for bodily injury caused by a Fire and allowed under California law.

The Trust determines award amounts for eligible Personal Injury Claims based on the Claimant's medical expenses related to treatment of the alleged injury, if medical expenses are submitted, and compensation for the Claimant's pain and suffering and/or mental anguish. After reviewing all submitted documents, the Trust has made the following determination for your asserted Personal Injury Claim.

Description	Amount	FEMA Offset	Net Amount
Depression; Anxiety; Panic Disorders; Chronic PTSD	\$0.00	\$0.00	\$0.00
MSSA Bacteremia; Right Knee Infection with Abscess; Necrotizing Fasciitis	\$0.00	\$0.00	\$0.00
Smoke Inhalation	\$250.00	\$0.00	\$250.00
Net Claim Award: This is the sum of all Injury awards above minus prior related FEMA payments, if any.			\$250.00



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1 of 1

Claim ID: 50010
CQ ID: 10012510



OTHER DAMAGES APPEAL DETERMINATION REPORT

DATE OF REPORT: 10/10/23

I. OTHER DAMAGES CLAIM INFORMATION

Claim ID:	50011	Claim Questionnaire ID:	10012510
Claimant Name(s):	Enrique Galvez		
Law Firm:	Pro Se		

II. SUMMARY OF OTHER DAMAGES ASSERTIONS

The Trust reviews and considers all claims for damages and costs recoverable under California law or, if applicable, other non-bankruptcy law. Damages asserted in the Other Damages section of the Claims Questionnaire but eligible within a Claim Type enumerated in Section II of the Claims Resolution Procedure (e.g., Real Property, Emotional Distress, Business Income Loss) will be reclassified to the appropriate Claim Type and considered there. Asserted damages not specifically contemplated in other Claim Types are evaluated as part of an Other Damages Claim.

The table below identifies the assertions made in the Other Damage section of your Claims Questionnaire and the determination for each. For any assertions identified as Considered in Other Claim Type, the attachment for that Claim Type includes additional information on the determination and corresponding award amounts.

ASSERTION	DETERMINATION	AMOUNT
Claimant asserts additional living expenses	Considered in Other Claim - Real and Personal Property	N/A
Claim Award:		N/A



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1 of 1

Claim ID: 50011
CQ ID: 10012510



OTHER OUT-OF-POCKET EXPENSES APPEAL DETERMINATION REPORT

DATE OF REPORT: 10/10/23

I. OTHER OUT-OF-POCKET DAMAGES CLAIM INFORMATION

Claim ID:	50012	Claim Questionnaire ID:	10012510
Claimant Name(s):	Enrique Galvez		
Law Firm:	Pro Se		

II. SUMMARY OF OTHER OUT-OF-POCKET EXPENSE ASSERTIONS

Other Out-of-Pocket Expense Claims include Claims for out-of-pocket expenses that are not considered as in any other Claim Type. Damages asserted in the Other Out-of-Pocket Expenses section of the Claims Questionnaire but eligible within another Claim Type enumerated in Section II of the Claims Resolution Procedure (e.g., Real Property, Personal Injury, Business Income Loss) will be reclassified to the appropriate Claim Type and considered there. Asserted damages not specifically contemplated in other Claim Types are evaluated as part of an Other Out-of-Pocket Expenses Claim.

The table below identifies the assertions made in the Out-of-Pocket Expense section of your Claims Questionnaire and the determination for each. For any assertions identified as Considered in Other Claim Type, the attachment for that Claim Type includes additional information on the determination and corresponding award amounts.

EXPENSES	DETERMINATION	AMOUNT
Claimant asserts additional costs of fuel to and from therapists and doctors after the fire	Considered in Other Claim - Real and Personal Property	N/A
Claimant asserts miscellaneous costs for medical supplies not covered by insurance	Considered in Other Claim - Personal Injury	N/A
Claim Award:		N/A



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1 of 1

Claim ID: 50012
CQ ID: 10012510



EMOTIONAL DISTRESS - NUISANCE APPEAL DETERMINATION REPORT

DAMAGES FOR ANNOYANCE AND DISCOMFORT - NUISANCE

DATE OF REPORT: 10/10/23

I. PROPERTY ADDRESS AND CLAIM INFORMATION

Name:	Enrique Galvez	Claimant ID:	1021557
Property Address:	Street 4082 Sacramento Ave	Apt/Suite/Lot/Number	
	City Santa Rosa	State California	Zipcode 95405 - 7754
	County Sonoma	APN	Fire North Bay
Claim ID:	51475		

II. ELIGIBILITY CRITERIA AND CLAIM AWARD AMOUNT

The Trust will consider damages for annoyance and discomfort related to the loss of use or substantial interference with the use and enjoyment of property that a Claimant had the right to occupy at the time of the Fire, loss of community, or the loss of cherished possessions or irreplaceable items that were destroyed during the Fire.

The Trust will compare the experiences of similarly situated Claimants and issue award amounts based on whether a Claimant meets the criteria for one of the following tiers: Tier I, Tier II, Tier III, or Tier IV, with Tier I denoting severe distress, Tier II moderate, and Tiers III and IV denoting varying degrees of mild distress. The Trust will make these determinations by evaluating both the (a) effect of the Fire on a Claimant's ability to enjoy and use his or her property, and (b) any ongoing effects that a Claimant has continued to experience as a result of the displacement, including difficulties in finding suitable alternative housing, difficulties in accessing the necessities of life and participating in work, family and social activities and the resulting emotional distress or mental anguish related to these considerations. The Claims Administrator, in her sole discretion, may award an additional amount if a Claimant demonstrates a catastrophic and extraordinary experience that exceeds the severe distress contemplated for a Tier I determination. Section III identifies the Trust's tier determination for your asserted Emotional Distress - Nuisance Claim.

III. COMPENSATION METHODOLOGY AND SUMMARY OF CLAIM AWARD

Nuisance Tier:	Tier 3 (Mild)
Gross Claim Compensation Amount:	\$30,000.00
Prior Payment Offsets (from Wildfire Assistance Program):	\$0.00
Net Claim Compensation Amount After Offsets:	\$30,000.00



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1 of 1

Claim ID: 51475
CQ ID: 10012510

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San Francisco

RE: Enrique Galvez 11/27/1969

To Whom it May Concern,

I am Enrique Galvez's current treating psychiatrist as of 06/08/2021. As per patient's request, I am writing this letter to confirm previously documented history of psychiatric diagnoses. During initial encounter with Mr. Galvez he reported a previous history a Post-Traumatic Stress Disorder (PTSD) diagnosis, based upon clinical interview at that time he met criteria as described by Diagnostic and Statistical Manual of Mental Disorders (DSM-V) for the PTSD diagnosis. It should be noted that, according to the DSM-V, a diagnosis of PTSD does not require patient to have endured direct and/or physical trauma.

Thank you,

A handwritten signature in black ink, appearing to read "Jacob Moulds".

Dr. Jacob Moulds